Saskatchewan Health

Prescription Drug Plan

Formulary

Twenty-Sixth Edition

January, 1988

Saskatchewan

Inquiries should be directed to:

Trevor J. Quinn, B.S.P., M.Sc.
Formulary and Education Unit,
Saskatchewan Health
Prescription Drug Plan,
T. C. Douglas Building,
3475 Albert Street,
Regina, Saskatchewan.
S4S 6X6

Telephone:
Formulary Inquiries (306) 787-3303
Claims Inquiries (306) 787-3319
Exception Drug
Status (306) 787-3317

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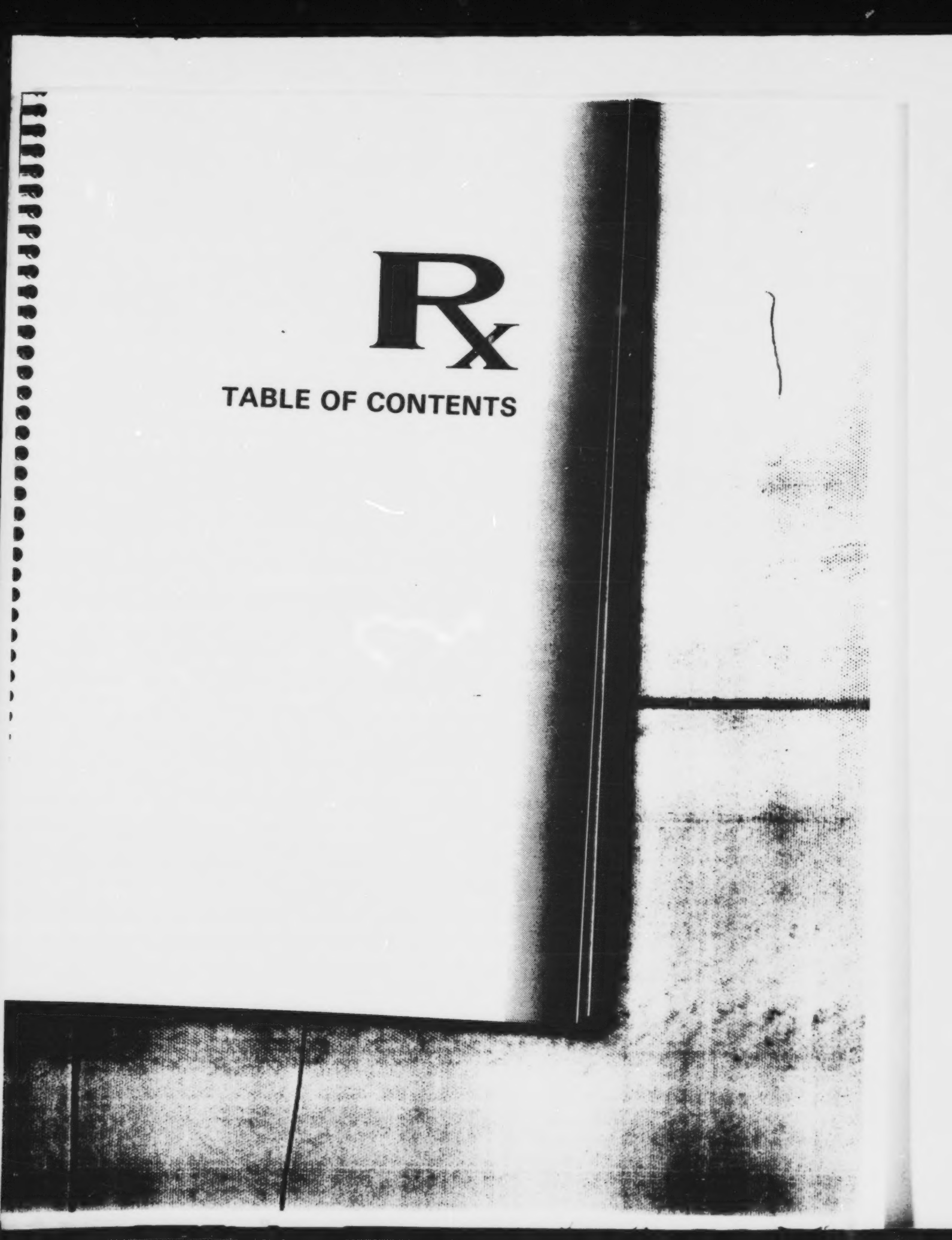
Saskatchewan Health
Government of Saskatchewan
Minister,
The Honourable George McLeod



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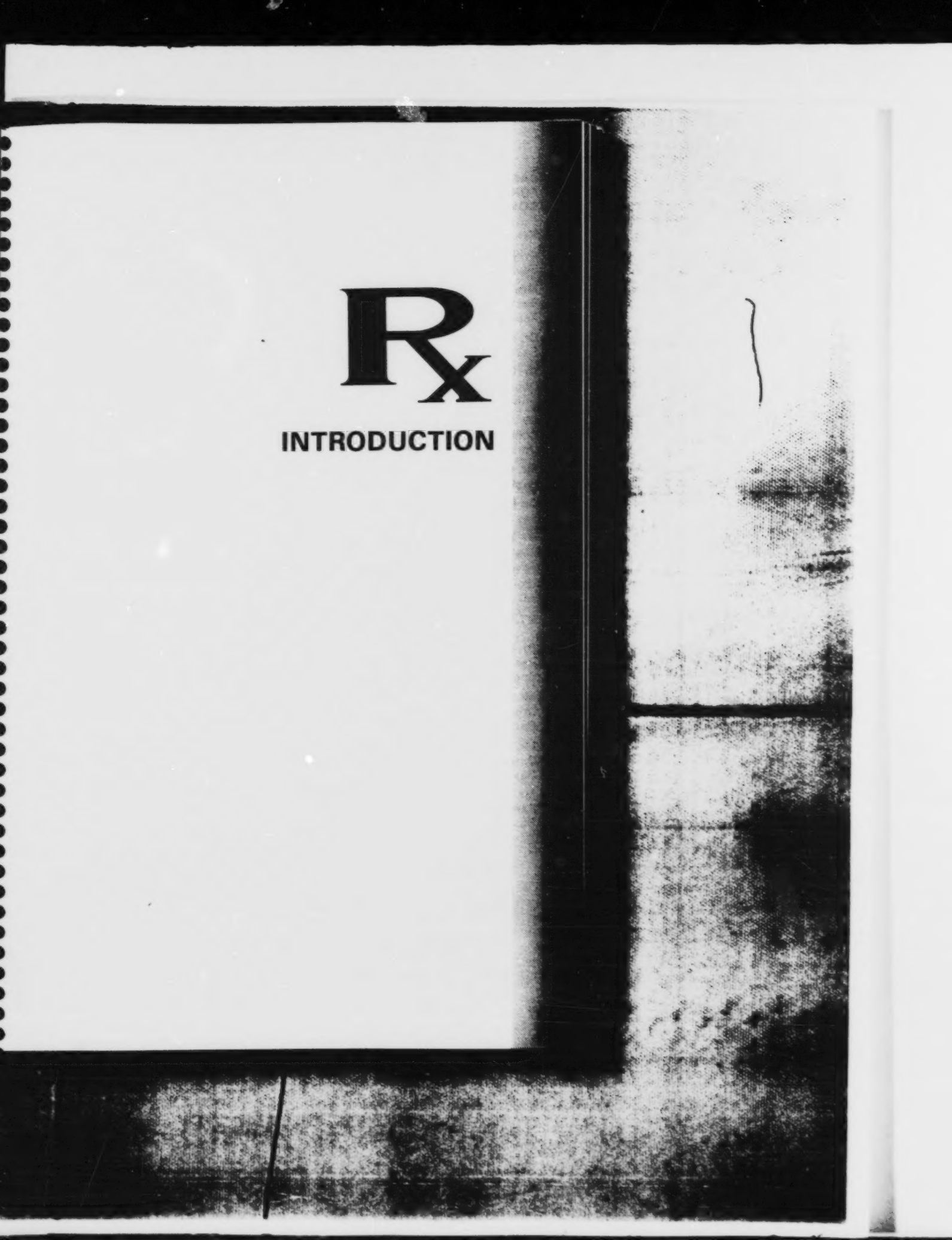

Rx

INTRODUCTION

SASKATCHEWAN FORMULARY COMMITTEE

Mrs. Elaine MacPhail, Chairperson

Dr. D. R. Amies,
Saskatchewan Medical Association

Mrs. Eileen Bayda,
Saskatchewan Registered Nurses Association

Dr. Murray Davies,
Saskatchewan Medical Association

Dr. Gordon E. Johnson,
Department of Pharmacology,
University of Saskatchewan

Dr. A. J. Remillard,
College of Pharmacy,
University of Saskatchewan

Mr. Nestor Shevchuk,
Saskatchewan Pharmaceutical Association

Dr. Roy West,
Saskatchewan Health

Mr. Murray Wolfe,
Saskatchewan Health Care Association

STAFF ASSISTANCE

Dr. L. Davis,
Pharmacologist,
Saskatchewan Prescription Drug Plan

Mr. J. W. (Bill) Campbell,
Drug Cost Control Unit,
Saskatchewan Prescription Drug Plan

Mr. Trevor J. Quinn, (Secretary)
Director, Professional Services Division,
Saskatchewan Prescription Drug Plan

Mr. R. J. (Ron) Waschuk,
Executive Director,
Saskatchewan Prescription Drug Plan

SASKATCHEWAN DRUG QUALITY ASSESSMENT COMMITTEE

Dr. Gordon E. Johnson, Chairperson

Mrs. Elaine MacPhail, Ex-officio

Dr. Robert Herman
College of Medicine

Dr. Ian Holmes,
College of Medicine

Dr. A. J. Remillard,
College of Pharmacy

Dr. A. E. Somerville,
Internal Medicine

Dr. Thomas W. Wilson,
Departments of Medicine and Pharmacology,
College of Medicine

Dr. Donald Zuck,
College of Pharmacy

PREFACE

Objectives

The Saskatchewan Prescription Drug Plan has been established to:

(i) provide coverage to Saskatchewan residents for quality pharmaceutical products of proven therapeutic effectiveness.
(ii) reduce the direct cost of prescription drugs to Saskatchewan residents.
(iii) reduce the cost of drug materials.
(iv) encourage the rational use of prescription drugs.

The Formulary

The Saskatchewan Formulary is a listing of the therapeutically effective drugs of proven high quality that have been approved for coverage under the Saskatchewan Prescription Drug Plan. It is compiled by the Saskatchewan Formulary Committee, whose members are appointed by the Minister of Health.

The Saskatchewan Formulary Committee is advised and assisted by the Drug Quality Assessment Committee (whose members are also appointed by the Minister of Health), by outside consultants when deemed advisable, and by staff members of the Saskatchewan Prescription Drug Plan.

The Saskatchewan Formulary is published semi-annually. The revised editions become effective on January 1 and July 1 of each year.

The on-going work of the Saskatchewan Formulary Committee includes the evaluation of new drug products as they are introduced, and the periodic re-evaluation of all products. The goal is to list a range and variety of drugs that will enable physicians to select an effective course of therapy for most patients.

The Saskatchewan Formulary Committee wishes to acknowledge the advice and assistance provided by the Saskatchewan Medical Association, the Saskatchewan Pharmaceutical Association, and by special consultants. The Committee also wishes to express its appreciation to the staff members of the Saskatchewan Prescription Drug Plan for their assistance in production of the Saskatchewan Formulary.

NOTES CONCERNING THE FORMULARY

BENEFITS

The Saskatchewan Formulary lists the drugs which are covered by the Saskatchewan Prescription Drug Plan. A prescription ordered by a physician or dentist is required for all drugs dispensed under the Drug Plan with the exception of insulin and urine-testing agents used by diabetic patients. Drugs not listed in the Formulary will not be covered by the Saskatchewan Prescription Drug Plan except when approved for Exception Drug Status as outlined.

ELIGIBILITY

Saskatchewan residents with a valid Saskatchewan Health Services card are eligible for coverage under the Drug Plan except those who have prescription costs paid by another agency.

These include persons covered by:

Department of National Health and Welfare (Registered Indians)

Workers' Compensation Board

Department of Veteran Affairs

and members of the:

Royal Canadian Mounted Police

Canadian Forces

POLICY FOR INCLUSION OF PRODUCTS IN THE SASKATCHEWAN FORMULARY

(1) Only products produced by manufacturers evaluated by the Saskatchewan Drug Quality Assessment Committee and approved as acceptable suppliers by the Saskatchewan Formulary Committee will be considered.

Companies without their own manufacturing facilities may be recognized as approved suppliers if, in addition to meeting all other criteria outlined herein, they provide adequate assurance that the product supplied is made under an acceptable contractual arrangement by a manufacturer which is approved by the Saskatchewan Formulary Committee.

The procedures used to evaluate a drug manufacturer include:

(i) Review of manufacturing facilities and procedures by:
  (a) Manufacturers' reports to the Committee.
  (b) Evaluation of premises and facilities by the Saskatchewan Drug Quality Assessment Committee, where deemed necessary.

(ii) Evaluation of selected documents pertaining to individual products.

(iii) Laboratory analysis of products selected for testing.

(iv) Review of experience and results gained through the Provincial Testing Program of purchased drugs.

(v) Review of reports from the Bureau of Drug Quality (QUAD) on manufacturing facilities and product testing.

(vi) Exchange of information and views with the Department of National Health and Welfare (Ottawa), and the Food and Drug Administration (Washington), on products and manufacturers, as well as studies relating to particular problems such as dissolution and bioavailability.

(vii) Reference to experience and knowledge available to the Committee with relation to manufacturing practices and drug usage at the clinical level.

The review of drug manufacturers is on-going to ensure that the quality of products listed in the Saskatchewan Formulary is maintained.

(2) Only drug products formulated and produced in accordance with sound manufacturing principles and found to comply with official standards will be considered.

The official standards include:

(i) Regulations under the Food and Drugs Act pertaining to drug manufacturing.

(ii) Recommendations by Health and Welfare Canada on good manufacturing practice.

(a) Guide for Drug Manufacturers.

(b) Guide for Plant Master Files and Imported Drugs Submissions.

(iii) Good Manufacturing Practices for Drug Manufacturers and Importers, 2nd Edition, 1985 — Health and Welfare Canada

(iv) Official Compendia — B.P., U.S.P., N.F. and/or appropriate in-house standards.

(v) Similar criteria, where applicable, as defined by International (WHO), U.S., and British authorities.

(3) Only drug products which are valid therapeutic agents, with proven clinical effectiveness, for the diagnosis, prevention or treatment of mental or physical disorders will be listed. The availability of suitable alternative agents, and potential for undesirable effects will be considered.

The medical literature and clinical studies, supplied by the manufacturers or Committee members, are reviewed and evaluated to determine if the drug product is therapeutically effective for the treatment of the condition(s) for which the drug is indicated.

The clinical literature is also reviewed to determine the therapeutic advantages or disadvantages over alternative agents, which may or may not be listed in the Saskatchewan Formulary.

The potential undesirable effects are reviewed and compared with alternatives.

In reviewing products for which suitable alternatives are listed in the Formulary, consideration will be given to the following additional criteria

(a) Clinical documentation must clearly demonstrate therapeutic advantages such as

(i) More effective for treatment of the condition(s) for which the drug is intended.

(ii) Increased safety as shown by reduced toxicity and reduced incidence of adverse reactions and/or side effects.

(iii) Improved dosing schedule.

(iv) Reduced potential for abuse or inappropriate use.

OR

(b) Anticipated cost of a product of equivalent therapeutic effectiveness must offer a potential economic advantage over listed alternatives.

(4) The cost of therapy relative to the clinical efficacy is reviewed and compared to the cost of therapy relative to the clinical efficacy of alternative agents.

An increased cost may be justified if the drug product produces better clinical results in a significant portion of the patient population, demonstrates fewer or less severe undesirable effects, or has a dosage regime which improves patient compliance.

The cost of oral combination products relative to the combined costs of the single entities, the cost of the various dosage strengths relative to

therapeutic advantages, and the cost of additional dosage forms relative to the therapeutic advantages will be considered when reviewing such products.

(5) Some drug products will not be listed, but may be made available on Exception Drug Status for treatment of selected clinical indications.

Some examples include:

(a) Drug products with an indication for an infrequently found clinical condition.

(b) Drug products with potential for use in other than approved indications.

(c) Drug products with potential for the development of widespread general use, which require control for therapeutic reasons.

(6) Oral combination products are required to meet the following additional criteria:

(a) Each component must make a contribution to the claimed effect.

(b) The dosage of each component (amount, frequency, duration of therapeutic effect) must be such that the combination is safe and effective for a significant patient population, requiring such concurrent therapy as defined in the labelling.

(c) A component may be added to:

(i) enhance safety or effectiveness of the principal active ingredient.

(ii) minimize the potential for abuse of the principal active ingredient.

(d) Combination fixed ratio must be "right" for:

(i) significant portion of patients.

(ii) significant amount of natural history of disease.

(e) The manufacturer must provide the standards he has adopted for the product (in-house or other) and these standards must be acceptable to the Saskatchewan Drug Quality Assessment Committee.

(f) The manufacturer must provide evidence that he can consistently meet these standards.

(7) Sustained, prolonged or delayed release dosage forms are required to meet the following additional criteria:

(a) Clinical studies have demonstrated the sustained, prolonged or delayed action of the active ingredient.

(b) The dosage form possesses therapeutic advantages in the treatment of the disease entity for which the product is indicated.

(c) The manufacturer must provide the standards he has adopted for the product (in-house or other) and these standards must be acceptable to the Saskatchewan Drug Quality Assessment Committee.

(d) The manufacturer must provide evidence that he can consistently meet these standards.

(8) The various strengths of one dosage form will be considered if they possess therapeutic advantages and meet the required standards for quality and cost.

(9) The various dosage forms of a drug product will be evaluated individually.

(10) Drug products not listed in the Schedules of the Food and Drugs Act, Narcotic Control Act or the Saskatchewan Pharmacy Act, but usually sold on prescription, will be considered for inclusion.

(11) Products containing a drug or drugs in the same amounts of the same active ingredients in the same dosage form will be listed as interchangeable.

(12) The following will not be listed:
- (a) Certain over the counter preparations.
- (b) Drugs used primarily in hospitals.
- (c) Antineoplastic agents. These are provided to patients through the Saskatchewan Cancer Foundation.
- (d) Anti-Tuberculosis Drugs.
- (e) Blood Derivatives. Immune Serum Globulin for prophylaxis against infectious hepatitis or measles or for treatment of immune deficiency disease is available from the Health Offices.
- (f) Vaccines and Sera. Most immunological agents are available from the Health Offices.

(13) Drug products identified by trade names deemed to be inappropriate, confusing, and/or misleading may not be listed. Some examples include:
- (a) Products with similar or identical trade names but containing different active ingredients.
- (b) Products with a different strength of ingredient, manufactured by the same supplier, but with a different trade name.

POLICY FOR FORMULARY DELETION

The Minister of Health may delete any product from the Saskatchewan Formulary under the following circumstances:

(1) Upon the recommendation of the Saskatchewan Formulary Committee:
- (a) where the standards of quality and/or production have altered and are not considered to meet accepted standards;
- (b) where new information demonstrates that the product does not have adequate therapeutic benefit;
- (c) where undesirable effects of the product make the continued listing of the product inappropriate.
- (d) where new products possessing clearly demonstrated therapeutic advantages have been listed, thereby making the continued listing of the product unnecesary.

(2) Upon the recommendation of the Saskatchewan Prescription Drug Plan where there are undesirable financial, supply or administrative implications to continued listing of a product. The Drug Plan will consult with the Saskatchewan Formulary Committee prior to making a recommendation. The comments of the Committee will be brought to the attention of the Minister.

(3) Where the Minister of Health believes a product should be deleted the Minister will consult with the Saskatchewan Formulary Committee before making a final decision.

EXCEPTION DRUG STATUS

Drug products not listed in the Saskatchewan Formulary may be considered for Exception Drug Status coverage under the following circumstances:

(i) the drug is ordinarily administered only to hospital inpatients and is being administered outside of a hospital because of unusual circumstances;

(ii) the drug is not ordinarily prescribed or administered in Saskatchewan but is being prescribed because it is required in the diagnosis or treatment of a patient having an illness, disability or condition rarely found in this province;

(iii) the drug is infrequently used since other Formulary preparations are usually effective but are contraindicated or found to be be ineffective because of the clinical condition of the patient;

(iv) the drug has been deleted from the Formulary, but is required by patients who were previously stabilized on the drug.

Physicians or dentists only may apply for Exception Drug Status coverage by contacting:

Saskatchewan Prescription Drug Plan
3475 Albert Street
REGINA, Saskatchewan S4S 6X6

Requests can be made by telephone, by letter or by using application forms available on request from the above address. A toll free telephone with an electronic recorder is provided on a 24 hour basis for the exclusive use of physicians wishing to request Exception Drug Status coverage.

A separate request is required for each patient.

The request for Exception Drug Status should include the following information:

Identification of Physician:
- Name
- Address
- Telephone number

Identification of Patient:
- Name
- Address
- Health Services number

Identification of Drug:
- Name
- Dosage form
- Strength
- Dosage schedule
- Anticipated duration of therapy

Reason for Request:
- Diagnosis
- Anticipated results of therapy

Where applicable, include advantages of drug selected and disadvantages of treatment with products listed in the Saskatchewan Formulary.

When a request for Exception Drug Status is approved, the Drug Plan will notify the patient and the physician. The patient will save his/her official receipts for prescriptions obtained under Exception Drug Status coverage and submit them for payment, along with other receipts for prescriptions for products listed in the Formulary, using the standard claim form.

When a request for Exception Drug Status is not approved, the patient and the physician will also be notified.

Exception Drug Status is granted for a specific period of time, to a maximum of twelve months. If coverage is required beyond the expiry date shown, a request for renewal must be made by the physician based on a reassessment of the patient's condition and medication requirement.

"NO-SUBSTITUTION" PRESCRIPTIONS

A "no-substitution" prescription is honored by the Saskatchewan Prescription Drug Plan if the drug is listed in the Formulary. When the prescriber desires no substitution he must so indicate to the pharmacist in his own handwriting where the prescription is written or verbally where the prescription is given verbally as outlined in the Pharmacy Act.

ADVERSE DRUG REACTIONS

The Health Protection Branch encourages the reporting of suspected adverse drug reactions to the Drug Adverse Reaction Reporting Program, Health Protection Branch, Tunney's Pasture, Ottawa, Ontario K1A 0L2.

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Drug products are listed numerically by DIN (Drug Identification Number) as well as alphabetically by official name and brand name at the back of the Formulary.

Drug products not listed in the Saskatchewan Formulary may be considered for Exception Drug Status coverage under the following circumstances:

PHARMACOLOGIC-THERAPEUTIC CLASSIFICATION OF DRUGS

The drugs are classified according to the pharmacologic-therapeutic classification developed by the American Society of Hospital Pharmacists for the purpose of the American Hospital Formulary Service.

Permission to use this system has been granted by the American Society of Hospital Pharmacists. The Society is not responsible for the accuracy of transpositions or excerpts from the original content.

Within each therapeutic classification the drugs are listed alphabetically according to their official names. Under each drug, acceptable products are listed. Drugs with multiple uses may be listed in one or more classes.

PRESCRIPTION QUANTITIES

The Saskatchewan Prescription Drug Plan does not impose any restrictions on quantities that may be prescribed by a physician. It is the opinion of the Drug Plan that physicians should continue to prescribe as they deem necessary for the treatment of their patients.

Because of possible waste and the potential danger of storing large quantities of potent drugs in the home, the Drug Plan does not encourage the dispensing of unreasonably large quantities of prescription drugs.

LEGEND

LEGEND

(1) Pharmacological-Therapeutic classification.

(2) Pharmacological-Therapeutic sub-classification.

(3) Nonproprietary or generic name of the drug.

(4) Drug strength and dosage form.

(5) An asterisk (*) to the left of a drug strength and dosage form indicates that the products listed below are interchangeable.

(6) An arrow ➡ to the left of a drug strength and dosage form indicates that the products listed below are NOT interchangeable.

(7) The Drug Identification Number (DIN), which has been assigned by the Health Protection Branch of Health and Welfare Canada, uniquely identifies the drug product as to its manufacturer, name and strength of active ingredients, route of administration and pharmaceutical dosage form.

(8) All active ingredients of combination products are listed.

(9) Strengths of active ingredients are listed in the same order as the ingredients. This example indicates that the tablet contains 15 mg of Codeine.

(10) Brand name of drug.

(11) Three letter identification code assigned to each manufacturer. The codes are listed in an index in the Tables section near the back of the Formulary.

(12) An asterisk (*) to the right of a price indicates to pharmacists that the Drug Plan has negotiated a contract price for that product. Pharmacists will dispense these products except where a prescriber indicates "no substitution" for a product in an interchangeable category. (See page xi.) In cases where contracts have been negotiated with two suppliers of an interchangeable product, either brand may be used. The prices are expressed as decimal dollars.

(13) The symbol (N) indicates that this is a Narcotic Drug (Narcotic Control Act and Regulations).

(14) The symbol ◇C indicates that this is a Controlled Drug (Schedule G of the Food and Drugs Act and Regulations).

(15) The size of vials or ampoules of injectables is listed in brackets.

(16) The size of a tube of ophthalmic ointments is listed in brackets.

(17) The symbol T indicates that the product contains Tartrazine.

(18) The symbol TP indicates that tartrazine has recently been eliminated from the formulation. Existing stock may contain tartrazine.

8:00 ANTI-INFECTIVE AGENTS

8:12.04 ANTIBIOTICS (Antifungals)

NYSTATIN

*500,000 U TABLET

014974		NILSTAT	LED	0.0790*
029416	T	MYCOSTATIN	SQU	
270113		NADOSTINE	NDA	

GRISEOFULVIN (ULTRA-FINE)

500 MG TABLET

028282		FULVICIN U F	SCH
012262		GRISOVIN FP	GLA

ACETAMINOPHEN CAFFEINE/CODEINE (N)

*WITH 15MG CODEINE TABLET

687200		NOVAGESIC C-15	NOP	0.0256*
293504	T	ATASOL-15	HOR	
425370		TYLENOL WITH CODEINE NO 2	MCN	
372331		EXDOL 15	FRS	

PENTOBARBITAL SODIUM (C)

*100 MG CAPSULE

020990		NOVOPENTOBARB	NOP
000086		NEMBUTAL	ABB

FLUPHENAZINE ENANTHATE

25MG/ML INJECTION SOLUTION (5ML)

029173		MODITEN ENANTHATE	SQU

VIDARABINE

3% OPHTHALMIC OINTMENT (3.5G)

381780		VIRA A	PDA

CHLOROTRIANISENE

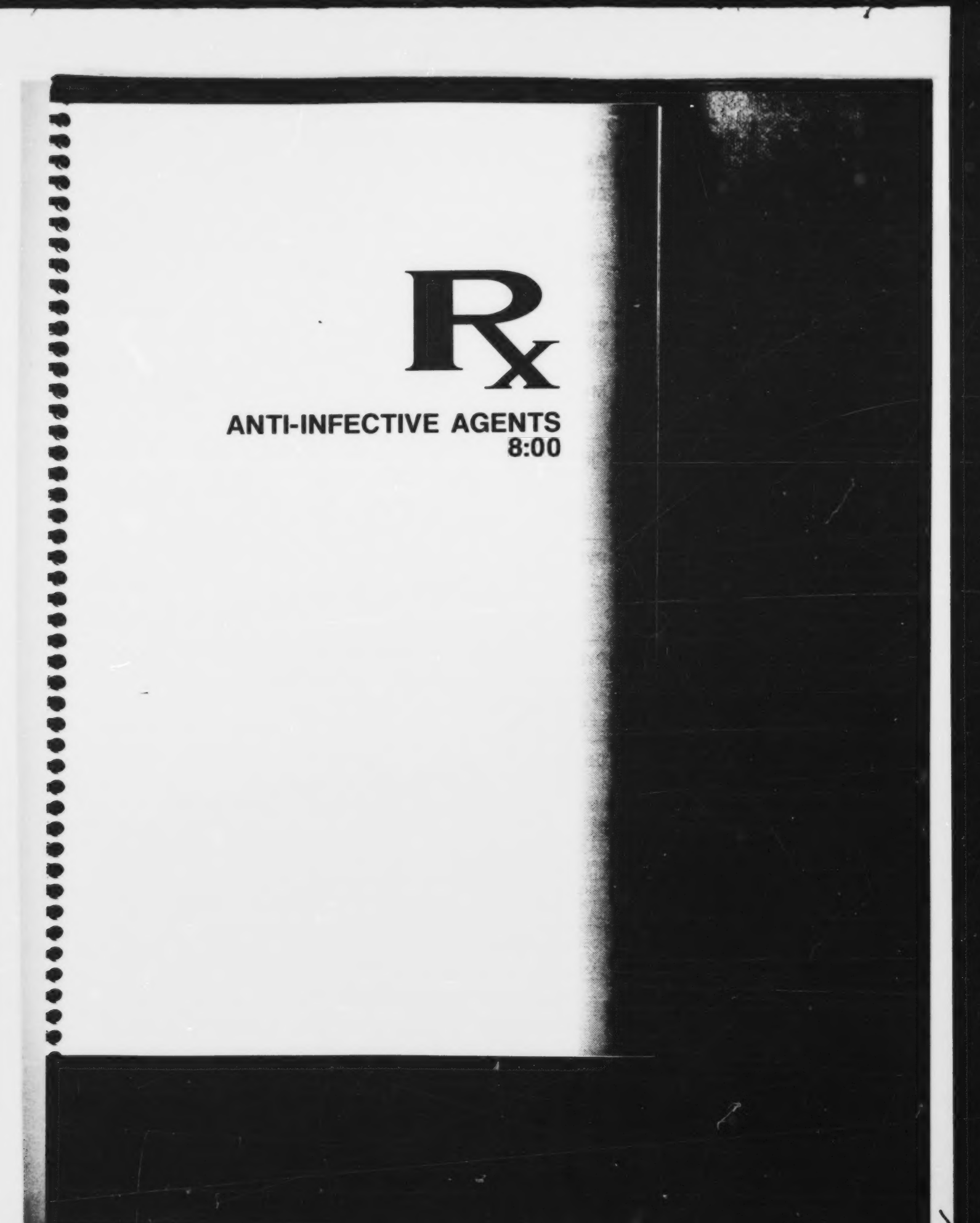
12 MG CAPSULE

017965	T	TACE	MER

TRIMEPRAZINE TARTRATE

0.5 MG/ML ORAL LIQUID

025240	TP	PANECTYL	RPP


Rx
ANTI-INFECTIVE AGENTS
8:00

08:00 ANTI-INFECTIVE AGENTS

08:04.00 AMEBICIDES

DIIODOHYDROXYQUIN

650MG TABLET

180386	DIODOQUIN	SEA

08:08.00 ANTHELMINTICS

MEBENDAZOLE

100MG TABLET

556734	VERMOX	JAN

PIPERAZINE ADIPATE

2G/PKG GRANULES

002739	ENTACYL	AHA

120MG/ML ORAL SUSPENSION

003131	ENTACYL	AHA

PYRANTEL PAMOATE

125MG TABLET

316296	COMBANTRIN	PFI

50MG/ML ORAL SUSPENSION

425869	COMBANTRIN	PFI

PYRVINIUM PAMOATE

50MG TABLET

023841	VANQUIN	PDA

10MG/ML ORAL SUSPENSION

023477	VANQUIN	PDA

08:12.00 ANTIBIOTICS

ANTIBIOTIC ASSOCIATED COLITIS OR PSEUDOMEMBRANOUS ENTEROCOLITIS IS A SEVERE POTENTIALLY FATAL COLITIS WHICH MAY FOLLOW THE ADMINISTRATION OF ANTIBIOTICS, MOST COMMONLY CLINDAMYCIN. THE SYNDROME IS CAUSED BY A BACTERIAL TOXIN. PATIENTS FOR WHOM ANTIBIOTICS ARE PRESCRIBED SHOULD BE ADVISED TO DISCONTINUE THERAPY AND REPORT TO THE PHYSICIAN IF A PERSISTANT DIARRHEA DEVELOPS AND/OR IF BLOOD OR MUCUS APPEARS IN THE STOOL, AND SHOULD BE ADVISED NOT TO USE ANTIDIARRHEAL PREPARATIONS WHILE ON THESE DRUGS AS THEY MAY EXACERBATE THE CONDITION. RECOMMENDED TREATMENT INCLUDES STOPPING ANTIBIOTICS AS SOON AS POSSIBLE, CAREFUL ATTENTION TO FLUIDS AND ELECTROLYTES AND THE USE OF AN APPROPRIATE ANTIBIOTIC (SUCH AS ORALLY ADMINISTERED METRONIDAZOLE OR VANCOMYCIN) DIRECTED AGAINST THE TOXIN PRODUCING ORGANISM.

ANTI-INFECTIVE AGENTS 08:00

ANTIBIOTICS (AMINOGLYCOSIDES) 08:12.02

GENTAMICIN

** 40MG/ML INJECTION SOLUTION (2ML)*

223824	GARAMYCIN	SCH
259179	CIDOMYCIN	ROU

ANTIBIOTICS (ANTIFUNGALS) 08:12.04

GRISEOFULVIN (ULTRA-FINE)

➡125MG TABLET

028266	FULVICIN U/F	SCH
012246	GRISOVIN FP	GLA

➡250MG TABLET

028274	FULVICIN U/F	SCH
012254	GRISOVIN FP	GLA

➡500MG TABLET

028282	FULVICIN U/F	SCH
012262	GRISOVIN FP	GLA

GRISEOFULVIN (ULTRA-MICROSIZE)

165MG TABLET

513229	FULVICIN P/G	SCH

330MG TABLET

513237	FULVICIN P/G	SCH

THE POTENCY OF A TABLET CONTAINING 165MG OF "ULTRA-MICROSIZE" PARTICLES IS SIMILAR TO THAT OF A TABLET CONTAINING 250MG OF ULTRA-FINE PARTICLES

NYSTATIN

** 500,000U TABLET*

014974	NILSTAT	LED	$ 0.0790 •
029416 T	MYCOSTATIN	SQU	
270113	NADOSTINE	NDA	

** 100,000U/ML ORAL SUSPENSION*

014850	NILSTAT	LED	$ 0.0773 •
248169	MYCOSTATIN	SQU	
282219	NADOSTINE	NDA	

08:00 ANTI-INFECTIVE AGENTS

08:12.06 ANTIBIOTICS (CEPHALOSPORINS)

CEFACLOR

250MG CAPSULE			
465186	CECLOR	LIL	
500MG CAPSULE			
465194	CECLOR	LIL	
25MG/ML ORAL SUSPENSION			
465208	CECLOR	LIL	
50MG/ML ORAL SUSPENSION			
465216	CECLOR	LIL	

CEPHALEXIN MONOHYDRATE

• *250MG CAPSULE*			
342084	NOVOLEXIN	NOP	$ 0.1627 •
253154	CEPOREX	GLA	
• *500MG CAPSULE*			
342114	NOVOLEXIN	NOP	
253146	CEPOREX	GLA	
• *250MG TABLET*			
583413	NOVOLEXIN	NOP	$ 0.1627 •
403628	KEFLEX	LIL	
• *500MG TABLET*			
583421	NOVOLEXIN	NOP	$ 0.3231 •
244392	KEFLEX	LIL	
• *25MG/ML ORAL SUSPENSION*			
342106	NOVOLEXIN	NOP	$ 0.0278 •
321435	CEPOREX	GLA	
015547	KEFLEX	LIL	
• *50MG/ML ORAL SUSPENSION*			
342092	NOVOLEXIN	NOP	$ 0.0533 •
321443	CEPOREX	GLA	
035645	KEFLEX	LIL	

08:12.08 ANTIBIOTICS (CHLORAMPHENICOL)

IT IS ESSENTIAL THAT APPROPRIATE BLOOD STUDIES BE MADE DURING TREATMENT WITH CHLORAMPHENICOL. WHILE BLOOD STUDIES MAY DETECT EARLY PERIPHERAL BLOOD CHANGES, SUCH STUDIES CANNOT BE RELIED ON TO DETECT THE RARE AND GENERALLY IRREVERSIBLE BONE MARROW DEPRESSION PRIOR TO DEVELOPMENT OF APLASTIC ANEMIA.

CONTINUED

CHLORAMPHENICOL

250MG CAPSULE

022748	CHLOROMYCETIN	PDA	

CHLORAMPHENICOL PALMITATE

31.25MG/ML ORAL SUSPENSION

023434	CHLOROMYCETIN	PDA	

ANTIBIOTICS (ERYTHROMYCINS) 08:12.12

PRESCRIPTIONS FOR SOLID DOSAGE FORMS OF ERYTHROMYCIN SHOULD BE FILLED WITH AN ERYTHROMYCIN BASE PREPARATION OF THE STRENGTH PRESCRIBED; DISPENSE THE STEARATE AND ESTOLATE ONLY WHEN SPECIFICALLY PRESCRIBED. PARTICIPANTS IN THE RHEUMATIC FEVER PROPHYLAXIS PROGRAM SHOULD CONTINUE TO OBTAIN THEIR SUPPLY OF ERYTHROMYCIN DIRECTLY FROM THE REGIONAL MEDICAL HEALTH OFFICER AT NO COST.

ERYTHROMYCIN BASE

• 250MG TABLET

244635	ERYTHROMID	ABB	$ 0.0622 •
640263	ERYTHROMYCIN	KNR	
030899	E-MYCIN	UPJ	

125MG CAPSULE (ENTERIC COATED PELLETS)

715980	ERYC	PDA	

250MG CAPSULE (ENTERIC COATED PELLETS)

607142	ERYC	PDA	$ 0.3761 •

ERYTHROMYCIN ESTOLATE

250MG CAPSULE

015202	ILOSONE	LIL	$ 0.2283 •

• 25MG/ML ORAL SUSPENSION

021172	NOVORYTHRO ESTOLATE	NOP	$ 0.0189 •
015474	ILOSONE	LIL	0.0411 •

• 50MG/ML ORAL SUSPENSION

262595	NOVORYTHRO ESTOLATE	NOP	$ 0.0372 •
210641	ILOSONE	LIL	0.0796 •

ERYTHROMYCIN ETHYLSUCCINATE

40MG/ML ORAL SUSPENSION

000299	EES 200	ABB	$ 0.0694 •

80MG/ML ORAL SUSPENSION

453617	EES 400	ABB	$ 0.1180 •

CONTINUED

08:00 ANTI-INFECTIVE AGENTS

08:12.12 ANTIBIOTICS (ERYTHROMYCINS)

CONTINUED

ERYTHROMYCIN STEARATE

*250MG TABLET			
391581	NOVORYTHRO STEARATE	NOP	$ 0.0711 •
545678	APO-ERYTHRO-S	APX	
000434	ERYTHROCIN	ABB	
*25MG/ML ORAL LIQUID			
000302	ERYTHROCIN	ABB	$ 0.0356 •
*50MG/ML ORAL LIQUID			
273023	ERYTHROCIN	ABB	$ 0.0672 •

08:12.16 ANTIBIOTICS (PENICILLINS)

PARTICIPANTS IN THE RHEUMATIC FEVER PROPHYLAXIS PROGRAM SHOULD CONTINUE TO OBTAIN THEIR SUPPLY OF PENICILLIN DIRECTLY FROM THE REGIONAL MEDICAL HEALTH OFFICER AT NO COST.

AMOXICILLIN (AMOXYCILLIN)

*250MG CAPSULE			
406724	NOVAMOXIN	NOP	$ 0.0902 •
628115	APO-AMOXI	APX	
288497	AMOXIL-250	AYE	
*25MG/ML ORAL SUSPENSION			
452149	NOVAMOXIN	NOP	$ 0.0189 •
628131	APO-AMOXI	APX	
288500	AMOXIL-125	AYE	
*50MG/ML ORAL SUSPENSION			
452130	NOVAMOXIN	NOP	$ 0.0254 •
628158	APO-AMOXI	APX	
288519	AMOXIL-250	AYE	
50MG/ML PEDIATRIC DROPS			
353035	AMOXIL	AYE	

AMOXICILLIN TRIHYDRATE/POTASSIUM CLAVULANATE

250MG/125MG TABLET		
617490	CLAVULIN	BEE
500MG/125MG TABLET		
617504	CLAVULIN	BEE
25MG/6.25MG/ML ORAL SUSPENSION		
617512	CLAVULIN	BEE
50MG/12.5MG/ML ORAL SUSPENSION		
617520	CLAVULIN	BEE

CONTINUED

CONTINUED

AMPICILLIN

• 250MG CAPSULE			
020877	NOVO-AMPICILLIN	NOP	$ 0.0705 •
603279	APO-AMPI	APX	
002003	PENBRITIN	AYE	
• 500MG CAPSULE			
020885	NOVO-AMPICILLIN	NOP	$ 0.1376 •
603295	APO-AMPI	APX	
002011	PENBRITIN	AYE	
• 25MG/ML ORAL SUSPENSION			
021121	NOVO-AMPICILLIN	NOP	$ 0.0145 •
603260	APO-AMPI	APX	
002410	PENBRITIN	AYE	
• 50MG/ML ORAL SUSPENSION			
021148	NOVO-AMPICILLIN	NOP	$ 0.0256 •
603287	APO-AMPI	APX	
002429	PENBRITIN	AYE	
100MG/ML ORAL SUSPENSION			
231207	NOVO-AMPICILLIN	NOP	
• 500MG INJECTION POWDER			
004057	AMPICIN	BRI	
002119	PENBRITIN	AYE	

CLOXACILLIN

• 250MG CAPSULE			
337765	NOVOCLOXIN	NOP	$ 0.0872 •
618292	APO-CLOXI	APX	
002046	ORBENIN	AYE	
• 500MG CAPSULE			
337773	NOVOCLOXIN	NOP	$ 0.1693 •
618284	APO-CLOXI	APX	
002054	ORBENIN	AYE	
• 25MG/ML ORAL LIQUID			
337757	NOVOCLOXIN	NOP	$ 0.0222 •
644633	APO-CLOXI	APX	
002445	ORBENIN	AYE	

DICLOXACILLIN SODIUM

250MG CAPSULE			
003964	DYNAPEN	BRI	

CONTINUED

08:00 ANTI-INFECTIVE AGENTS

08:12.16 ANTIBIOTICS (PENICILLINS)

CONTINUED

FLUCLOXACILLIN

250MG CAPSULE

486795	FLUCLOX	AYE	

500MG CAPSULE

486809	FLUCLOX	AYE	

25MG/ML ORAL SUSPENSION

486817	FLUCLOX	AYE	

50MG/ML ORAL SUSPENSION

525561	FLUCLOX	AYE	

PENICILLIN G (BENZATHINE)

1,200,000IU/2ML DISPOSABLE SYRINGE

036315	BICILLIN 1200 L-A	WYE	

PENICILLIN G PROCAINE AQUEOUS SUSPENSION

300,000IU/ML INJECTION SUSPENSION (10ML)

002402	AYERCILLIN	AYE	

PENICILLIN V (BENZATHINE)

• 60MG/ML ORAL SUSPENSION

034045	PEN-VEE	WYE	
248835	PVF 500	FRS	

PENICILLIN V (POTASSIUM)

• 300MG TABLET

021202	NOVOPEN-VK-500	NOP	$ 0.0356 •
642215	APO-PEN-VK	APX	
248843	PVF-K 500	FRS	
262447	LEDERCILLIN VK	LED	
018740 T	NADOPEN-V	NDA	

• 25MG/ML ORAL SOLUTION

642223	APO-PEN-VK	APX	$ 0.0256 •
015563	V-CILLIN K	LIL	
018635	NADOPEN-V 200	NDA	

• 50MG/ML ORAL SOLUTION

251631	NADOPEN-V 400	NDA	$ 0.0361 •
318833	V-CILLIN K	LIL	

PIVMECILLINAM HCL

200MG TABLET

657212	SELEXID	LEO	

THE USE OF TETRACYCLINES DURING TOOTH DEVELOPMENT (LAST HALF OF PREGNANCY, INFANCY AND CHILDHOOD TO THE AGE OF 8 YEARS) MAY CAUSE PERMANENT TOOTH DISCOLORATION (YELLOW-GRAY-BROWN). THIS REACTION IS MORE COMMON DURING LONG-TERM USE OF TETRACYCLINES, BUT HAS BEEN OBSERVED FOLLOWING SHORT-TERM COURSES. ENAMEL HYPOPLASIA HAS ALSO BEEN REPORTED. TETRACYCLINE DRUGS, THEREFORE, SHOULD NOT BE USED IN THIS AGE GROUP UNLESS OTHER DRUGS ARE NOT LIKELY TO BE EFFECTIVE OR ARE CONTRAINDICATED.

DOXYCYCLINE

100MG CAPSULE

024368	VIBRAMYCIN	PFI	

MINOCYCLINE HCL

50MG CAPSULE

282308	MINOCIN	LED	

100MG CAPSULE

014591	MINOCIN	LED	

TETRACYCLINE

• 250MG CAPSULE

024422	TETRACYN	PFI	$ 0.0195 •
021059	NOVOTETRA	NOP	
580929	APO-TETRA	APX	
014605	ACHROMYCIN V	LED	

25MG/ML ORAL LIQUID

151416	NOVOTETRA	NOP	

ANTIBIOTICS (OTHER ANTIBIOTICS) 08:12.28

CLINDAMYCIN HCL

(SEE NOTE ON PAGE 2)

150MG CAPSULE

030570	DALACIN C	UPJ	

CLINDAMYCIN PALMITATE HCL

(SEE NOTE ON PAGE 2)

15MG/ML ORAL SOLUTION

225851	DALACIN C	UPJ	

08:00 ANTI-INFECTIVE AGENTS

08:20.00 PLASMODICIDES

CHLOROQUINE PHOSPHATE

** 250MG TABLET*

021261	NOVOCHLOROQUINE	NOP	$ 0.0716 *
033642	ARALEN	WIN	

HYDROXYCHLOROQUINE SO4

200MG TABLET

033669	PLAQUENIL	WIN

PYRIMETHAMINE

25MG TABLET

004774	DARAPRIM	BWE

QUININE SO4

** 200MG CAPSULE*

178993	QUININE	SDR	$ 0.0652 *
021008	NOVOQUININE	NOP	
022837	QUININE	PDA	

** 300MG CAPSULE*

179000	QUININE	SDR	$ 0.0937 *
021016	NOVOQUININE	NOP	
022845	QUININE	PDA	

08:24.00 SULFONAMIDES

SULFISOXAZOLE

** 500MG TABLET*

021792	NOVOSOXAZOLE	NOP	$ 0.0472 *
013420	GANTRISIN	HLR	

100MG/ML ORAL SUSPENSION

115487	GANTRISIN	HLR

08:26.00 SULFONES

DAPSONE

100MG TABLET

002526	AVLOSULFON	AYE

TRICHOMONACIDES 08:32.00

METRONIDAZOLE

500MG CAPSULE			
489891	FLAGYL	RPP	
**250MG TABLET*			
545066	APO-METRONIDAZOLE	APX	$ 0.0300 *
584339	PMS-METRONIDAZOLE	PMS	
021555	NOVONIDAZOL	NOP	
025615	FLAGYL	RPP	

URINARY GERMICIDES 08:36.00

METHENAMINE SALTS ARE EFFECTIVE ONLY IN ACIDIC URINE AND ACIDIFICATION OF URINE TO PH 5.5 OR LESS IS RECOMMENDED.

METHENAMINE HIPPURATE

1G TABLET		
026379	HIP-REX	RIK

METHENAMINE MANDELATE

500MG ENTERIC TABLET		
499013	MANDELAMINE	PDA
1G ENTERIC TABLET		
499021	MANDELAMINE	PDA

NALIDIXIC ACID

500MG TABLET		
033723	NEGGRAM	WIN
50MG/ML ORAL SUSPENSION		
036250	NEGGRAM	WIN

NITROFURANTOIN

25MG CAPSULE (MACROCRYSTALS)		
452491	MACRODANTIN	NOW
50MG CAPSULE (MACROCRYSTALS)		
452505	MACRODANTIN	NOW
100MG CAPSULE (MACROCRYSTALS)		
452483	MACRODANTIN	NOW
**50MG TABLET*		
021563	NOVOFURAN	NOP
319511	APO-NITROFURANTOIN	APX

CONTINUED
NITROFURANTOIN

08:00 ANTI-INFECTIVE AGENTS

08:36.00 URINARY GERMICIDES

CONTINUED
NITROFURANTOIN

** 100MG TABLET*

021571	NOVOFURAN	NOP	
312738	APO-NITROFURANTOIN	APX	

5MG/ML ORAL SUSPENSION

232971	NOVOFURAN	NOP	

NORFLOXACIN

400MG TABLET

643025	NOROXIN	MSD	

SULFADIAZINE/TRIMETHOPRIM (CO-TRIMAZINE)

NOTE: CO-TRIMAZINE IS INDICATED ONLY IN THE TREATMENT OF ACUTE, CHRONIC AND RECURRENT URINARY TRACT INFECTIONS.

410MG/90MG TABLET

478717	COPTIN	JOU	

08:40.00 MISCELLANEOUS ANTI-INFECTIVES

ERYTHROMYCIN ETHYLSUCCINATE/ SULFISOXAZOLE ACETATE

40MG(BASE)/120MG(BASE) PER ML ORAL SOLUTION

583405	PEDIAZOLE	ABB	

SULFAMETHOXAZOLE/TRIMETHOPRIM (CO-TRIMOXAZOLE)

** 400MG/80MG TABLET*

445274	APO-SULFATRIM	APX	$ 0.0795 •
510637	NOVOTRIMEL	NOP	
270636	SEPTRA	BWE	
272469	BACTRIM	HLR	

** 800MG/160MG TABLET*

445282	APO-SULFATRIM DS	APX	$ 0.1743 •
510645	NOVOTRIMEL DS	NOP	
368040	SEPTRA D.S.	BWE	
371823	BACTRIM D.S.	HLR	

** 100MG/20MG PEDIATRIC TABLET*

274429	SEPTRA	BWE
272477	BACTRIM	HLR
445266	APO-SULFATRIM	APX

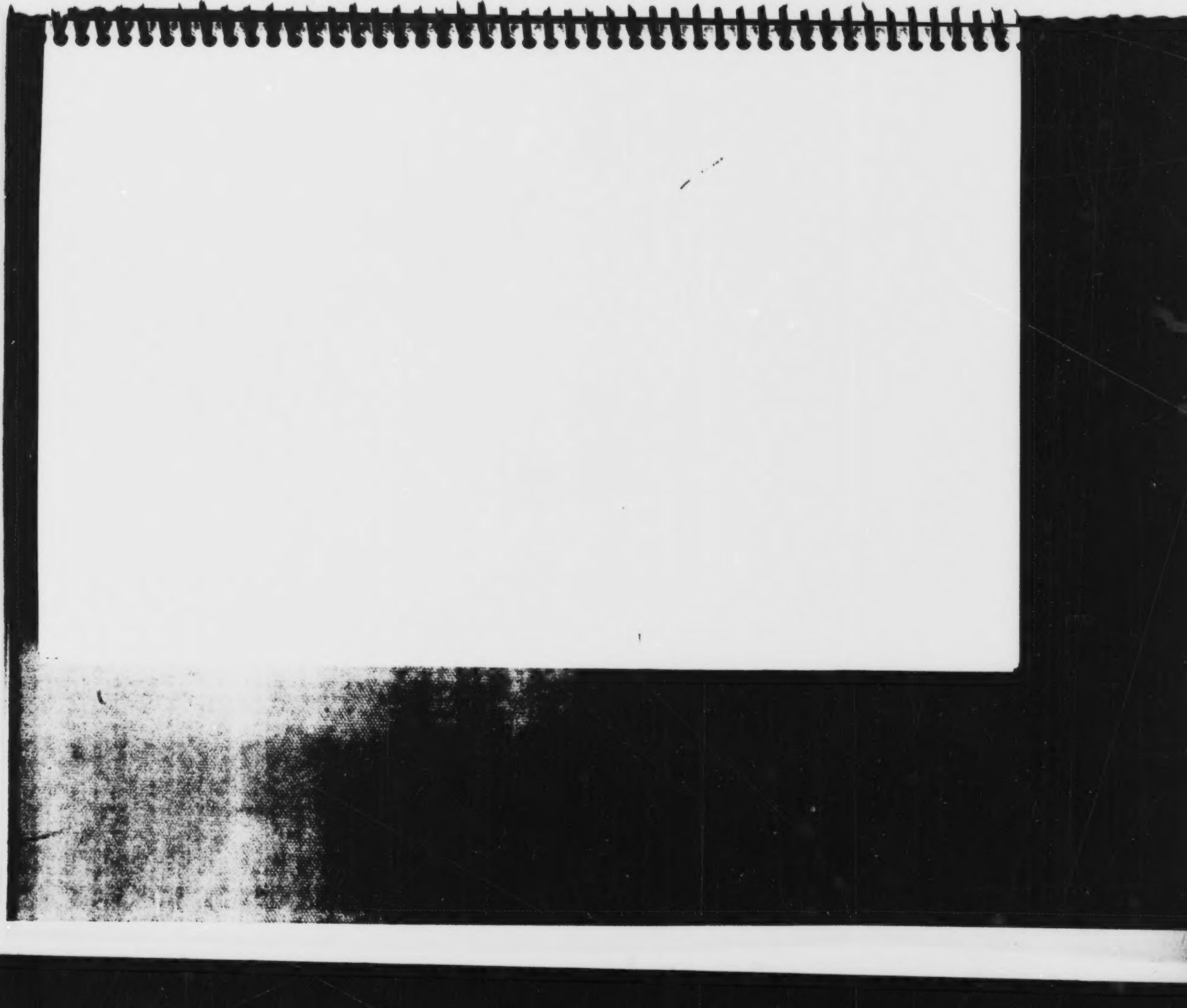
CONTINUED
SULFAMETHOXAZOLE/TRIMETHOPRIM

SULFAMETHOXAZOLE/TRIMETHOPRIM

• *40MG/8MG PER ML ORAL SUSPENSION*			
272485	BACTRIM	HLR	$ 0.0250 •
270644	SEPTRA	BWE	
726540	NOVOTRIMEL	NOP	

TRIMETHOPRIM

100MG TABLET			
675229	PROLOPRIM	BWE	$ 0.2764 •
200MG TABLET			
677590	PROLOPRIM	BWE	



AUTONOMIC DRUGS
12:00

12:00 AUTONOMIC DRUGS

12:04.00 PARASYMPATHOMIMETICS

BETHANECHOL CHLORIDE

• 10MG TABLET

452998	DUVOID	NOW	
349720	URECHOLINE	FRS	

• 25MG TABLET

453005	DUVOID	NOW	
349739	URECHOLINE	FRS	

50MG TABLET

453013	DUVOID	NOW	

CARBACHOL

2MG TABLET

003212	CARBACHOL	AHA	

NEOSTIGMINE BROMIDE

15MG TABLET

013382	PROSTIGMIN	HLR	

PYRIDOSTIGMINE BROMIDE

60MG TABLET

013404	MESTINON	HLR	$ 0.1349 •

180MG LONG ACTING TABLET

035890	MESTINON	HLR	

12:08.00 PARASYMPATHOLYTICS

BENZTROPINE MESYLATE

• 2MG TABLET

426857	APO-BENZTROPINE	APX	$ 0.0100 •
587265	PMS-BENZTROPINE	PMS	
428086	BENSYLATE	ICN	
016357	COGENTIN	MSD	

1MG/ML INJECTION SOLUTION (2ML)

016128	COGENTIN	MSD	

CONTINUED

DICYCLOMINE HCL

• 10MG CAPSULE

361933	FORMULEX	ICN	$ 0.0438 •
018007	BENTYLOL	MER	

20MG TABLET

282529	BENTYLOL	MER	$ 0.1772 •

2MG/ML SYRUP

018023	BENTYLOL	MER	$ 0.0513 •

ETHOPROPAZINE

50MG TABLET

025550	PARSITAN	RPP

GLYCOPYRROLATE

1MG TABLET

026514	ROBINUL	ROB

2MG TABLET

026522	ROBINUL	ROB

HYOSCINE BUTYLBROMIDE

10MG TABLET

363812	BUSCOPAN	BOE

10MG SUPPOSITORY

363820	BUSCOPAN	BOE

HYOSCYAMINE/ATROPINE/HYOSCINE/PHENOBARBITAL ⊕

0.021MG/3.88MCG/1.3MCG/3.24MG PER ML ELIXIR

172618	DONNATAL	ROB

IPRATROPIUM BROMIDE

INHALER AEROSOL (PACKAGE)

576158	ATROVENT	BOE

ORPHENADRINE HCL

50MG TABLET

026387	DISIPAL	RIK

PIRENZEPINE DIHYDROCHLORIDE

50MG TABLET

608998	GASTROZEPIN	BOE

CONTINUED

12:00 AUTONOMIC DRUGS

12:08.00 PARASYMPATHOLYTICS

CONTINUED

PROCYCLIDINE HCL

** 5MG TABLET*			
306290	PROCYCLID	ICN	$ 0.0396 *
004758	KEMADRIN	BWE	
0.5MG/ML ELIXIR			
004405	KEMADRIN	BWE	

PROPANTHELINE BROMIDE

7.5MG TABLET			
028584	PRO-BANTHINE	SEA	
** 15MG TABLET*			
294837	PROPANTHEL	ICN	$ 0.0964 *
028592	PRO-BANTHINE	SEA	

TRIHEXYPHENIDYL HCL

** 2MG TABLET*			
545058	APO-TRIHEX	APX	$ 0.0106 *
021911	NOVOHEXIDYL	NOP	
280445	APARKANE	ICN	
015040	ARTANE	LED	
** 5MG TABLET*			
021938	NOVOHEXIDYL	NOP	
545074	APO-TRIHEX	APX	
271314	APARKANE	ICN	
015059	ARTANE	LED	
0.4MG/ML ELIXIR			
014656	ARTANE	LED	

12:12.00 SYMPATHOMIMETICS

EPINEPHRINE HCL

1MG/ML INJECTION SOLUTION (1ML)			
155357	ADRENALIN	PDA	

FENOTEROL HYDROBROMIDE

2.5MG TABLET			
454796	BEROTEC	BOE	
INHALER AEROSOL (PACKAGE)			
371807	BEROTEC	BOE	
0.1% INHALATION SOLUTION			
541389	BEROTEC	BOE	

CONTINUED

ISOPROTERENOL HCL

10MG SUBLINGUAL TABLET

033820	ISUPREL	WIN	

METAPROTERENOL SO4

2MG/ML SYRUP

249920	ALUPENT	BOE	

RITODRINE HCL

10MG TABLET

550159	YUTOPAR	BRI	

SALBUTAMOL

• 2MG TABLET

620955	NOVOSALMOL	NOP	$ 0.0444 •
637793	SALBUTAMOL	PMS	
361135	VENTOLIN	AHA	

• 4MG TABLET

620963	NOVOSALMOL	NOP	$ 0.0805 •
637807	SALBUTAMOL	PMS	
332267	VENTOLIN	AHA	

200MCG/AEROSOL POWDER CAPSULE

622060	VENTOLIN ROTACAPS	AHA	

400MCG/AEROSOL POWDER CAPSULE

622079	VENTOLIN ROTACAPS	AHA	

0.4MG/ML ORAL LIQUID

670790	VENTOLIN	AHA	

INHALER AEROSOL (PACKAGE)

303569	VENTOLIN	AHA	

0.6% INHALATION SOLUTION

334227	VENTOLIN RESPIRATOR SOLN.	AHA	

1MG(BASE EQUIVALENT)/ML INHALATION SOLUTION (2.5ML)

667242	VENTOLIN NEBULES	AHA	

TERBUTALINE SO4

2.5MG TABLET

335355	BRICANYL	AST	

5MG TABLET

335363	BRICANYL	AST	

INHALER AEROSOL (400 DOSE PACKAGE)

444774	BRICANYL SPACER/INHALER	AST	

12:00 AUTONOMIC DRUGS

12:16.00 SYMPATHOLYTICS (ANTI MIGRAINE DRUGS)

DIHYDROERGOTAMINE MESYLATE

1MG/ML INJECTION SOLUTION (1ML)

027243	DIHYDROERGOTAMINE-SANDOZ	SAN

ERGOTAMINE TARTRATE

1MG TABLET

027405	GYNERGEN	SAN

2MG SUBLINGUAL TABLET

328952	ERGOMAR	FIS

ERGOTAMINE TARTRATE/CAFFEINE/ BELLADONNA ALKALOIDS/PENTOBARBITAL ◆

2MG/100MG/0.25MG/60MG SUPPOSITORY

176214	CAFERGOT-PB	SAN

ERGOTAMINE TARTRATE/CYCLIZINE/CAFFEINE

2MG/50MG/100MG TABLET

318809	MEGRAL	BWE

PIZOTYLINE HYDROGEN MALATE

0.5MG TABLET

329320 T	SANDOMIGRAN	SAN

1MG TABLET

511552	SANDOMIGRAN DS	SAN

PROPRANOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS) PAGE 30

12:20.00 SKELETAL MUSCLE RELAXANTS

BACLOFEN

10MG TABLET

455881	LIORESAL	GEI

20MG TABLET

636576	LIORESAL-DS	GEI

CONTINUED

DANTROLENE SODIUM

25MG CAPSULE

452513	DANTRIUM	NOW

100MG CAPSULE

452521	DANTRIUM	NOW

BLOOD FORMATION AND COAGULATION

20:00

20:00 BLOOD FORMATION AND COAGULATION

20:04.00 ANTIANEMIA DRUGS

IRON DEXTRAN

50MG/ML INJECTION SOLUTION (2ML)

009598	IMFERON	FIS

20:12.04 ANTICOAGULANTS

ACENOCOUMAROL

1MG TABLET

010383	SINTROM	GEI

4MG TABLET

010391	SINTROM	GEI

HEPARIN

➡*10,000 USP U/ML INJECTION SOLUTION (5ML)*

304050	HEPARIN	AHA
562270	HEPALEAN	ORG

WARFARIN

WHEN ADMINISTERING WARFARIN IT IS ADVISABLE TO MAINTAIN THE PATIENT ON THE SAME DRUG PRODUCT.

2MG TABLET

585653	COUMADIN	DUP

2.5MG TABLET

585645	COUMADIN	DUP

➡*5MG TABLET*

026174	ATHROMBIN-K	PFR
010308 T	WARFILONE	FRS
585629	COUMADIN	DUP

10MG TABLET

585637	COUMADIN	DUP

20:12.20 ANTIPLATELET DRUGS

SULFINPYRAZONE

SEE SECTION 40:40:00 (URICOSURIC DRUGS) PAGE 77

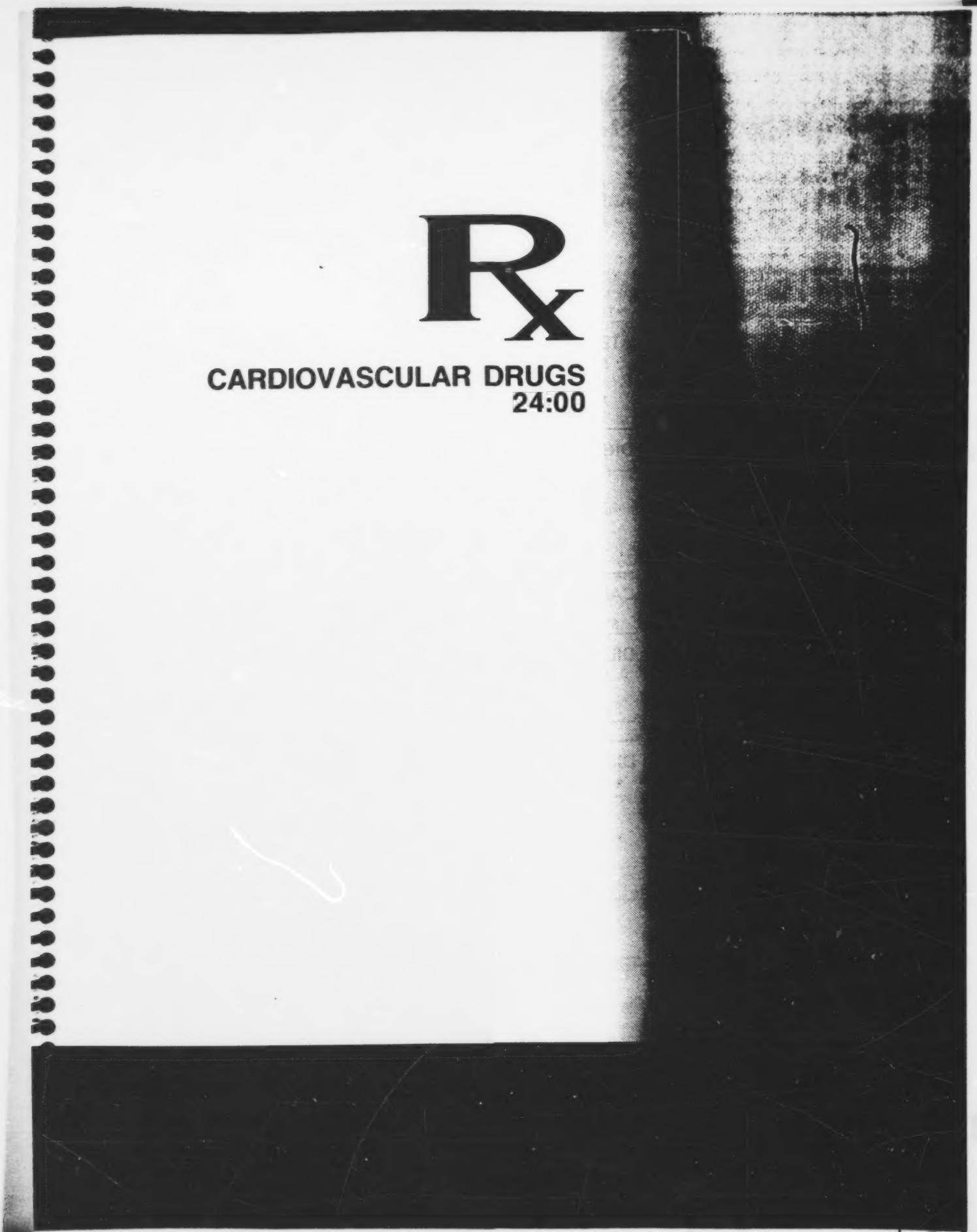
BLOOD FORMATION AND COAGULATION 20:00

HEMORRHEOLOGIC AGENTS 20:24.00

PENTOXIFYLLINE

400MG SUSTAINED RELEASE TABLET

586625	TRENTAL	HOE


Rx
CARDIOVASCULAR DRUGS
24:00

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

ACEBUTOLOL HCL

** 100MG TABLET*			
695645	MONITAN	WYE	
726559	SECTRAL	RPP	
** 200MG TABLET*			
695653	MONITAN	WYE	
726567	SECTRAL	RPP	

ATENOLOL

50MG TABLET			
520683	TENORMIN	ICI	
100MG TABLET			
486833	TENORMIN	ICI	

DIGOXIN

0.125MG TABLET			
035319	LANOXIN	BWE	$ 0.0750 •
0.25MG TABLET			
004685	LANOXIN	BWE	$ 0.0750 •
0.05MG/ML ELIXIR			
242713	LANOXIN	BWE	

CAPTOPRIL

SEE SECTION 24:08.00 (HYPOTENSIVE DRUGS) PAGE 33

DILTIAZEM

30MG TABLET			
587753	CARDIZEM	NRD	
60MG TABLET			
587761	CARDIZEM	NRD	

DISOPYRAMIDE

** 100MG CAPSULE*			
396370	NORPACE	SEA	$ 0.1967 •
382876	RYTHMODAN	ROU	
** 150MG CAPSULE*			
396389	NORPACE	SEA	$ 0.2783 •
439363	RYTHMODAN	ROU	
150MG CONTROLLED RELEASE TABLET			
584231	NORPACE-CR	SEA	
250MG SUSTAINED RELEASE TABLET			
619760	RYTHMODAN-LA	ROU	

CONTINUED

METOPROLOL TARTRATE

** 50MG TABLET*			
618632	APO-METOPROLOL	APX	$ 0.0888 *
648035	NOVOMETOPROL	NOP	
397423	LOPRESOR	GEI	
402605	BETALOC	AST	
** 100MG TABLET*			
618640	APO-METOPROLOL	APX	$ 0.1743 *
648043	NOVOMETOPROL	NOP	
402540	BETALOC	AST	
397431	LOPRESOR	GEI	
100MG SUSTAINED RELEASE TABLET			
658855	LOPRESOR-SR	GEI	
200MG SUSTAINED RELEASE TABLET			
497827	BETALOC DURULES	AST	
534560	LOPRESOR-SR	GEI	

MEXILETINE

100MG CAPSULE		
599956	MEXITIL	BOE
200MG CAPSULE		
599964	MEXITIL	BOE

NADOLOL

40MG TABLET		
607126	CORGARD	SQU
80MG TABLET		
463256	CORGARD	SQU
160MG TABLET		
523372	CORGARD	SQU

NIFEDIPINE

NOTE: THE CAPSULE FORM OF NIFEDIPINE PROVIDES FOR QUICK RELEASE AND RAPID ABSORPTION OF ACTIVE INGREDIENTS. IT IS INDICATED FOR USE IN THE MANAGEMENT OF ANGINA. (SEE ALSO SECTION 24:08-HYPOTENSIVE DRUGS FOR THE LISTING OF NIFEDIPINE TABLETS,20MG.)

5MG CAPSULE		
613258	ADALAT	MLE
10MG CAPSULE		
557633	ADALAT	MLE

PINDOLOL

5MG TABLET

417270	VISKEN	SAN

10MG TABLET

443174	VISKEN	SAN

15MG TABLET

417289	VISKEN	SAN

PROCAINAMIDE HCL

• 250MG CAPSULE

713325	APO-PROCAINAMIDE	APX	$ 0.1749 •
029076	PRONESTYL	SQU	

• 375MG CAPSULE

713333	APO-PROCAINAMIDE	APX	$ 0.2320 •
296031	PRONESTYL	SQU	

• 500MG CAPSULE

713341	APO-PROCAINAMIDE	APX
353523	PRONESTYL	SQU

250MG SUSTAINED RELEASE TABLET

638692	PROCAN-SR	PDA

500MG SUSTAINED RELEASE TABLET

638676	PROCAN-SR	PDA
639885	PRONESTYL-SR	SQU

750MG SUSTAINED RELEASE TABLET

638684	PROCAN-SR	PDA

1000MG SUSTAINED RELEASE TABLET

688630	PROCAN-SR	PDA

PROPRANOLOL

• 10MG TABLET

582255	PMS-PROPRANOLOL	PMS	$ 0.0159 •
496480	NOVOPRANOL	NOP	
402788	APO-PROPRANOLOL	APX	
002658	INDERAL	AYE	

• 20MG TABLET

663719	APO-PROPRANOLOL	APX	$ 0.0284 •
740675	NOVOPRANOL	NOP	

• 40MG TABLET

402753	APO-PROPRANOLOL	APX	$ 0.0368 •
496499	NOVOPRANOL	NOP	
582263	PMS-PROPRANOLOL	PMS	
002666	INDERAL	AYE	

CONTINUED
PROPRANOLOL

CONTINUED
PROPRANOLOL

• 80MG TABLET			
402761	APO-PROPRANOLOL	APX	$ 0.0789 •
582271	PMS-PROPRANOLOL	PMS	
496502	NOVOPRANOL	NOP	
313602	INDERAL	AYE	
• 120MG TABLET			
582298	PMS-PROPRANOLOL	PMS	
549657	NOVOPRANOL	NOP	
504335	APO-PROPRANOLOL	APX	
456578	INDERAL	AYE	
80MG LONG ACTING CAPSULE			
566950	INDERAL-LA	AYE	
120MG LONG ACTING CAPSULE			
587931	INDERAL-LA	AYE	
160MG LONG ACTING CAPSULE			
511668	INDERAL-LA	AYE	

QUINIDINE BISULFATE

250MG SUSTAINED RELEASE TABLET			
249580	BIQUIN DURULES	AST	

QUINIDINE POLYGALACTURONATE

275MG TABLET			
026131	CARDIOQUIN	PFR	

QUINIDINE SO4

• 200MG TABLET			
021733	NOVOQUINIDIN	NOP	$ 0.0456 •
004782	QUINIDINE	BWE	
003611	QUINIDINE	AHA	
023868	QUINIDINE	PDA	
300MG SUSTAINED RELEASE TABLET			
346837	QUINIDEX EXTENTABS	ROB	

TIMOLOL MALEATE

5MG TABLET			
353914	BLOCADREN	FRS	
10MG TABLET			
353922	BLOCADREN	FRS	
20MG TABLET			
495611	BLOCADREN	FRS	

CONTINUED

24:00 CARDIOVASCULAR DRUGS

24:04.00 CARDIAC DRUGS

CONTINUED

TOCAINIDE HCL

400MG TABLET

598941	TONOCARD	AST	

600MG TABLET

598968	TONOCARD	AST	

VERAPAMIL HCL

80MG TABLET

554316	ISOPTIN	SEA	

120MG TABLET

554324	ISOPTIN	SEA	

24:06.00 ANTILIPEMIC DRUGS

CHOLESTYRAMINE RESIN

444MG/G ORAL POWDER (9G)

464880	T	QUESTRAN	BRI	

CLOFIBRATE

** 500MG CAPSULE*

337382	NOVOFIBRATE	NOP	$ 0.0234 *
409472	CLARIPEX	ICN	
002038	ATROMID-S	AYE	

COLESTIPOL HCL RESIN

5G GRANULES

642975	COLESTID	UPJ	

GEMFIBROZIL

300MG CAPSULE

599026	LOPID	PDA	

PROBUCOL

250MG TABLET

392308	LORELCO	MER	$ 0.3811 *

ANTIHYPERTENSIVE COMBINATION PRODUCTS: FIXED COMBINATION DRUGS ARE NOT INDICATED FOR INITIAL THERAPY OF HYPERTENSION. HYPERTENSION REQUIRES THERAPY TO BE TITRATED TO THE INDIVIDUAL PATIENT. IF THE FIXED COMBINATION REPRESENTS THE DOSAGE SO DETERMINED, ITS USE MAY BE MORE CONVENIENT IN PATIENT MANAGEMENT. THE TREATMENT OF HYPERTENSION IS NOT STATIC, BUT MUST BE RE-EVALUATED AS CONDITIONS IN EACH PATIENT WARRANT.

ACEBUTOLOL HCL

SEE SECTION 24:04.00 (CARDIAC DRUGS) PAGE 28

AMILORIDE HCL/HYDROCHLOROTHIAZIDE

(SEE NOTE ABOVE)

5MG/50MG TABLET

487813	MODURET	MSD

ATENOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS) PAGE 28

CAPTOPRIL

25MG TABLET

546283	CAPOTEN	SQU

50MG TABLET

546291	CAPOTEN	SQU

100MG TABLET

546305	CAPOTEN	SQU

CHLORTHALIDONE/RESERPINE

(SEE NOTE ABOVE)

50MG/0.25MG TABLET

110108	HYGROTON-RESERPINE	GEI

CLONIDINE HCL

0.1MG TABLET

259527	CATAPRES	BOE

0.2MG TABLET

291889	CATAPRES	BOE

DEBRISOQUINE SO4

10MG TABLET

255432	DECLINAX	HLR

CONTINUED

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

CONTINUED

ENALAPRIL MALEATE

5MG TABLET				
708879		VASOTEC	FRS	
10MG TABLET				
670901		VASOTEC	FRS	
20MG TABLET				
670928		VASOTEC	FRS	

GUANETHIDINE MONOSULFATE

* *10MG TABLET*				
396745		APO-GUANETHIDINE	APX	
005509	TP	ISMELIN	CIB	
* *25MG TABLET*				
396753		APO-GUANETHIDINE	APX	
005517		ISMELIN	CIB	

HYDRALAZINE HCL

10MG TABLET				
005525	TP	APRESOLINE	CIB	
25MG TABLET				
005533		APRESOLINE	CIB	
50MG TABLET				
005541		APRESOLINE	CIB	

LABETALOL HCL

100MG TABLET				
603651		TRANDATE	AHA	
200MG TABLET				
603643		TRANDATE	AHA	

METHYLDOPA

* *125MG TABLET*				
360252		APO-METHYLDOPA	APX	$ 0.0328 *
353620		DOPAMET	ICN	
337463		NOVOMEDOPA	NOP	
016551		ALDOMET	MSD	
* *250MG TABLET*				
250392		DOPAMET	ICN	$ 0.0455 *
337471		NOVOMEDOPA	NOP	
360260		APO-METHYLDOPA	APX	
016578		ALDOMET	MSD	

CONTINUED
METHYLDOPA

** 500MG TABLET*

353639	DOPAMET	ICN	$ 0.1299 *
337498	NOVOMEDOPA	NOP	
426830	APO-METHYLDOPA	APX	
016586	ALDOMET	MSD	

METHYLDOPA/CHLOROTHIAZIDE

(SEE NOTE ON PAGE 33)

250MG/150MG TABLET

231169	SUPRES-150	FRS	

250MG/250MG TABLET

231177	SUPRES-250	FRS	

METHYLDOPA/HYDROCHLOROTHIAZIDE

(SEE NOTE ON PAGE 33)

** 250MG/15MG TABLET*

363642	NOVODOPARIL	NOP	$ 0.0605 *
584967	PMS-DOPAZIDE	PMS	
441716	APO-METHAZIDE-15	APX	
140589	ALDORIL-15	MSD	

** 250MG/25MG TABLET*

363634	NOVODOPARIL	NOP	$ 0.0617 *
584975	PMS-DOPAZIDE	PMS	
441708	APO-METHAZIDE-25	APX	
140597	ALDORIL-25	MSD	

METOPROLOL TARTRATE

SEE SECTION 24:04.00 (CARDIAC DRUGS) PAGE 29

METOPROLOL TARTRATE/HYDROCHLOROTHIAZIDE

100MG/12.5MG TABLET

578444	CO-BETALOC	AST	

NADOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS) PAGE 29

CONTINUED

NIFEDIPINE

NOTE: THE TABLET DOSAGE FORM OF NIFEDIPINE IS MORE SLOWLY ABSORBED AND PROVIDES FOR LONGER DURATION OF ACTIVITY THAN THE CAPSULE FORM (SEE SECTION 24:04-CARDIAC DRUGS). IT IS INDICATED FOR USE AS AN ANTIHYPERTENSIVE AGENT.

20MG TABLET

692735	ADALAT PA	MLE

OXPRENOLOL HCL

20MG TABLET

402567	TRASICOR	CIB

40MG TABLET

402575	TRASICOR	CIB

80MG TABLET

402583	TRASICOR	CIB

80MG SLOW RELEASE TABLET

534579	SLOW TRASICOR	CIB

160MG SLOW RELEASE TABLET

534587	SLOW TRASICOR	CIB

PINDOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS) PAGE 30

PINDOLOL/HYDROCHLOROTHIAZIDE

(SEE NOTE ON PAGE 33)

10MG/25MG TABLET

568627	VISKAZIDE	SAN

10MG/50MG TABLET

568635	VISKAZIDE	SAN

PRAZOSIN

1MG TABLET

560952	MINIPRESS	PFI

2MG TABLET

560960	MINIPRESS	PFI

5MG TABLET

560979	MINIPRESS	PFI

PROPRANOLOL

SEE SECTION 24:04.00 (CARDIAC DRUGS) PAGE 30

CONTINUED

PROPRANOLOL/HYDROCHLOROTHIAZIDE

(SEE NOTE ON PAGE 33)

40MG/25MG TABLET

465313	INDERIDE-40	AYE	

80MG/25MG TABLET

465321	INDERIDE-80	AYE	

RESERPINE

0.1MG TABLET

005657	SERPASIL	CIB	

**0.25MG TABLET*

021784	NOVORESERPINE	NOP	
005665	SERPASIL	CIB	

RESERPINE/HYDRALAZINE HCL/HYDROCHLOROTHIAZIDE

(SEE NOTE ON PAGE 33)

0.1MG/25MG/15MG TABLET

074608	SER-AP-ES	CIB	

SPIRONOLACTONE/HYDROCHLOROTHIAZIDE

(SEE NOTE ON PAGE 33)

**25MG/25MG TABLET*

613231	NOVOSPIROZINE	NOP	$ 0.0938 *
180408	ALDACTAZIDE-25	SEA	

**50MG/50MG TABLET*

657182	NOVOSPIROZINE	NOP	
594377	ALDACTAZIDE-50	SEA	

TIMOLOL MALEATE

SEE SECTION 24:04.00 (CARDIAC DRUGS) PAGE 31

TIMOLOL/HYDROCHLOROTHIAZIDE

(SEE NOTE ON PAGE 33)

10MG/25MG TABLET

509353	TIMOLIDE	FRS	

CONTINUED

24:00 CARDIOVASCULAR DRUGS

24:08.00 HYPOTENSIVE DRUGS

CONTINUED

TRIAMTERENE/HYDROCHLOROTHIAZIDE

(SEE NOTE ON PAGE 33)

* *50MG/25MG TABLET*				
532657	NOVOTRIAMZIDE	NOP	$ 0.0367 *
441775	APO-TRIAZIDE	APX	
181528	DYAZIDE	SKF	

24:12.00 VASODILATING DRUGS

ERYTHRITYL TETRANITRATE

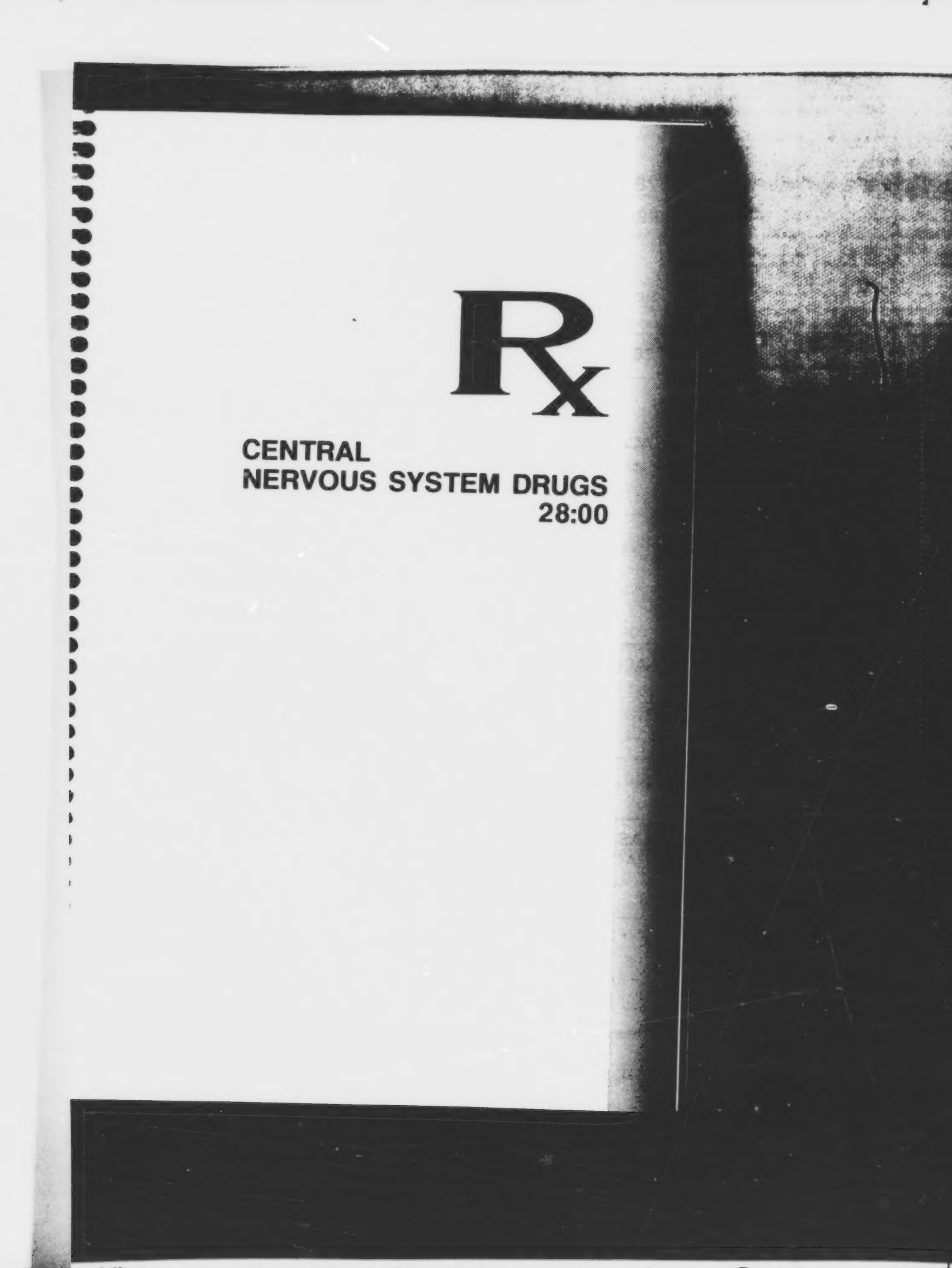
10MG SUBLINGUAL TABLET			
299790	CARDILATE-10	BWE	

ISOSORBIDE DINITRATE

* *10MG TABLET*			
441686	APO-ISDN	APX	$ 0.0150 *
458686	NOVOSORBIDE	NOP	
208973	ISORDIL	WYE	
446688	CORONEX	AYE	
* *30MG TABLET*			
441694	APO-ISDN	APX	$ 0.0345 *
458694	NOVOSORBIDE	NOP	
279536	ISORDIL	WYE	
446696	CORONEX	AYE	
* *5MG SUBLINGUAL TABLET*			
243116	ISORDIL	WYE	$ 0.0522 *
446661	CORONEX	AYE	

NITROGLYCERIN

* *0.3MG SUBLINGUAL TABLET*			
037613	NITROSTAT	PDA	
015954	NITROGLYCERIN	LIL	
* *0.6MG SUBLINGUAL TABLET*			
037621	NITROSTAT	PDA	
015962	NITROGLYCERIN	LIL	
* *2% OINTMENT*			
608785	NITROL	ROR	
442925	NITRO-BID	ROU	
525529	NITRONG	RPP	
0.4MG/DOSE METERED DOSE LINGUAL SPRAY (PACKAGE)			
695726	NITROLINGUAL SPRAY	ROR	


Rx
CENTRAL
NERVOUS SYSTEM DRUGS
28:00

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.00 ANALGESICS AND ANTIPYRETICS

PRODUCTS LISTED IN THIS CATEGORY HAVE BEEN GROUPED INTO UNOFFICIAL SUB-CATEGORIES BASED ON THE MOST COMMONLY RECOGNIZED THERAPEUTIC ACTION. EACH PRODUCT IS LISTED ONLY ONCE,EVEN THOUGH ITS USE MAY BE DEFINED BY MORE THAN ONE OF THE SUB-CATEGORIES USED.

28:08.00 ANALGESICS AND ANTIPYRETICS (ANALGESICS)

ACETAMINOPHEN/CAFFEINE/CODEINE ®

*WITH 15MG CODEINE/TABLET				
687200		NOVAGESIC C-15	NOP	$ 0.0256 *
293504	TP	ATASOL-15	HOR	
425370		TYLENOL WITH CODEINE NO.2	MCN	
372331		EXDOL-15	FRS	
*WITH 30MG CODEINE/TABLET				
687219		NOVAGESIC C-30	NOP	$ 0.0300 *
653276		LENOLTEC NO.3	TCH	
293512	TP	ATASOL-30	HOR	
425389		TYLENOL WITH CODEINE NO.3	MCN	
372358		EXDOL-30	FRS	

ACETAMINOPHEN/CODEINE ®

*300MG/30MG TABLET				
608882		EMTEC-30	TCH	$ 0.0822 *
666130		EMPRACET-30	BWE	
*300MG/60MG TABLET				
666149		EMPRACET-60	BWE	
396516		TYLENOL WITH CODEINE NO.4	MCN	
32MG/1.6MG/ML ELIXIR				
685143		TYLENOL WITH CODEINE ELX	MCN	

ASA COMPOUND WITH CODEINE ® (ACETYLSALICYLIC ACID/CAFFEINE/CODEINE)

*375MG/30MG/15MG TABLET				
604496		ANCASAL 15	SAN	
108103		282	FRS	
*375MG/30MG/30MG TABLET				
219843		292	FRS	$ 0.0936 *
604518		ANCASAL 30	SAN	

CONTINUED

DIFLUNISAL

250MG TABLET

587699	DOLOBID	FRS

500MG TABLET

576131	DOLOBID	FRS

FLOCTAFENINE

200MG TABLET

638668	IDARAC	WIN

MEFENAMIC ACID

250MG CAPSULE

155225	PONSTAN	PDA

PROPOXYPHENE ⊗

RECENT EVIDENCE IMPLICATES PROPOXYPHENE IN A NUMBER OF DRUG ASSOCIATED DEATHS. SEVERE TOXIC INTERACTION BETWEEN PROPOXYPHENE AND THE CENTRAL NERVOUS SYSTEM DEPRESSANTS, PARTICULARLY ALCOHOL AND DIAZEPAM, HAS BEEN NOTED. IT IS RECOMMENDED THAT ALL PRODUCTS WHICH CONTAIN PROPOXYPHENE SHOULD BE USED ONLY WITH EXTREME CAUTION AND WITH FULL PATIENT AWARENESS OF THE SERIOUS POTENTIAL FOR INTERACTION. PROPOXYPHENE NAPSYLATE 100MG IS EQUIVALENT IN ANALGESIC ACTIVITY TO PROPOXYPHENE HCL 65MG

**CAPSULE*

151351	NOVOPROPOXYN	NOP
261432	DARVON-N	LIL

65MG TABLET

010081	642	FRS

ANILERIDINE HCL ⊗

25MG TABLET

010014	LERITINE	FRS

CONTINUED

CODEINE PHOSPHATE ®

** 15MG TABLET*

593435	CODEINE	TCH
003220	CODEINE	AHA
604623	CODEINE	SAN
023647	CODEINE	PDA

** 30MG TABLET*

593451	CODEINE	TCH
003239	CODEINE	AHA
604631	CODEINE	SAN
023655	CODEINE	PDA

** 60MG TABLET*

003247	CODEINE	AHA
604658	CODEINE	SAN

5MG/ML SYRUP

470651	CODEINE PHOSPHATE	SDR

HYDROMORPHONE HCL ®

1MG TABLET

705438	DILAUDID	KNO

2MG TABLET

125083	DILAUDID	KNO

4MG TABLET

125121	DILAUDID	KNO

2MG/ML INJECTION SOLUTION (20ML)

627100	DILAUDID	KNO

10MG/ML INJECTION SOLUTION (1ML)

622133	DILAUDID-HP	KNO

LEVORPHANOL TARTRATE ®

2MG TABLET

013366	LEVO-DROMORAN	HLR	$ 0.2121 •

CONTINUED

MEPERIDINE HCL ®

50MG TABLET

033685	DEMEROL	WIN

• 50MG/ML INJECTION SOLUTION (1ML)

036242	DEMEROL	WIN
390364	MEPERIDINE HCL	SIL
497452	PETHIDINE	ABB

• 100MG/ML INJECTION SOLUTION (1ML)

033308	DEMEROL	WIN
497479	PETHIDINE	ABB

MORPHINE ®

ORAL FORMS CONTAIN MORPHINE HYDROCHLORIDE (ICN,TCH) OR SULFATE (PMS,PFR) INJECTABLE FORMS CONTAIN MORPHINE SULFATE.

15MG SUSTAINED RELEASE TABLET

665134	MS CONTIN	PFR

30MG SUSTAINED RELEASE TABLET

665142	MS CONTIN	PFR

60MG SUSTAINED RELEASE TABLET

665150	MS CONTIN	PFR

100MG SUSTAINED RELEASE TABLET

665169	MS CONTIN	PFR

• 1MG/ML ORAL SOLUTION

591467	STATEX	PMS
607762	MORPHITEC-1	TCH
486582	M.O.S.	ICN

• 5MG/ML ORAL SOLUTION

591475	STATEX	PMS
607770	MORPHITEC-5	TCH
514217	M.O.S.	ICN

• 10MG/ML ORAL SOLUTION

690783	MORPHITEC-10	TCH
632503	M.O.S.	ICN

• 20MG/ML ORAL SOLUTION

621935	STATEX	PMS
690791	MORPHITEC-20	TCH
632481	M.O.S.	ICN

• 10MG/ML INJECTION SOLUTION (1ML)

392588	MORPHINE SO4	SIL
335398	MORPHINE SO4	AHA
497355	MORPHINE SO4	ABB

CONTINUED
MORPHINE

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:08.00 ANALGESICS AND ANTIPYRETICS (NARCOTIC ANALGESICS)

CONTINUED

MORPHINE

• 15MG/ML INJECTION SOLUTION (1ML)

392561	MORPHINE SO4	SIL
497363	MORPHINE SO4	ABB
335371	MORPHINE SO4	AHA

10MG SUPPOSITORY

624268	M.O.S.	ICN

20MG SUPPOSITORY

624276	M.O.S.	ICN

30MG SUPPOSITORY

636681	M.O.S.	ICN

OXYMORPHONE HCL ®

5MG SUPPOSITORY

585661	NUMORPHAN	DUP

PENTAZOCINE ®

50MG TABLET

033731	TALWIN	WIN

28:08.00 ANALGESICS AND ANTIPYRETICS (ANTI-INFLAMMATORY AGENTS)

ACETYLSALICYLIC ACID

• 325MG ENTERIC TABLET

216666	NOVASEN	NOP	$ 0.0168 •
010332	ENTROPHEN	FRS	0.0367 •
027189	ECOTRIN	SKF	

• 650MG ENTERIC TABLET

229296	NOVASEN	NOP	$ 0.0215 •
010340	ENTROPHEN	FRS	0.0406 •
343889	ECOTRIN	SKF	

975MG ENTERIC TABLET

419508	ENTROPHEN-15	FRS	$ 0.0908 •

CONTINUED

DICLOFENAC SODIUM

25MG ENTERIC TABLET			
514004	VOLTAREN	GEI	
50MG ENTERIC TABLET			
514012	VOLTAREN	GEI	
100MG SUSTAINED RELEASE TABLET			
590827	VOLTAREN-SR	GEI	
50MG SUPPOSITORY			
632724	VOLTAREN	GEI	
100MG SUPPOSITORY			
632732	VOLTAREN	GEI	

FENOPROFEN

300MG CAPSULE			
328642	NALFON	LIL	$ 0.2643 •
600MG TABLET			
345504	NALFON	LIL	$ 0.4833 •

FLURBIPROFEN

50MG TABLET			
647942	ANSAID	UPJ	
100MG TABLET			
600792	ANSAID	UPJ	

IBUPROFEN

BIOAVAILABILITY STUDIES COMPARING APO-IBUPROFEN, NOVOPROFEN AND IBUPROFEN KENRAL WITH MOTRIN HAVE SHOWN THAT ALL ARE ABSORBED TO AN EQUIVALENT EXTENT. MOTRIN PRODUCED HIGHER AVERAGE PEAK CONCENTRATIONS AND REQUIRED LESS TIME TO REACH THESE LEVELS THAN EITHER APO-IBUPROFEN OR NOVOPROFEN. IN SPITE OF CONSIDERABLE PATIENT TO PATIENT VARIABILITY, IT WAS POSSIBLE TO DEMONSTRATE STATISTICALLY SIGNIFICANT DIFFERENCES BETWEEN APO-IBUPROFEN AND MOTRIN. ALTHOUGH THE DIFFERENCES NOTED IN PEAK SERUM CONCENTRATION AND TIME TO REACH PEAK LEVELS WERE NOT STATISTICALLY SIGNIFICANT IN THE STUDY COMPARING NOVOPROFEN AND MOTRIN, VARIABILITY IN THE RESULTS MAKES A DEFINITIVE STATEMENT COMPARING THEIR RATES OF ABSORPTION AND PEAK CONCENTRATIONS IMPOSSIBLE. APO-IBUPROFEN AND NOVOPROFEN WERE NOT COMPARED AGAINST EACH OTHER. THIS FACT COMBINED WITH THE VARIABILITY IN ALL STUDIES MAKES IT IMPOSSIBLE TO STATE WHETHER OR NOT NOVOPROFEN IS ABSORBED FASTER THAN APO-IBUPROFEN. MOTRIN AND IBUPROFEN KENRAL ARE BOTH MANUFACTURED BY UPJOHN AND DEMONSTRATE SIMILAR PHARMACOKINETICS. WHILE THE DIFFERENCES BETWEEN BRANDS ARE OF NO SIGNIFICANCE IN LONG TERM ANTI-INFLAMMATORY THERAPY, THEY MAY BE OF CLINICAL SIGNIFICANCE WHEN THE DRUG IS REQUIRED FOR ACUTE ANALGESIA. IN SUCH CASES, THE PRESCRIBER MAY WISH TO SPECIFY ONE OF THE PRODUCTS PROVEN TO BE MORE RAPIDLY ABSORBED.

CONTINUED
IBUPROFEN

IBUPROFEN

200MG CAPSULE			
443182	AMERSOL	HOR	
300MG CAPSULE			
443190	AMERSOL	HOR	
400MG CAPSULE			
443204	AMERSOL	HOR	
* *200MG TABLET*			
441643	APO-IBUPROFEN	APX	$ 0.0261 *
629324	NOVOPROFEN	NOP	
606197	IBUPROFEN	KNR	
252409	MOTRIN	UPJ	
* *300MG TABLET*			
441651	APO-IBUPROFEN	APX	$ 0.0428 *
629332	NOVOPROFEN	NOP	
606200	IBUPROFEN	KNR	
327794	MOTRIN	UPJ	
* *400MG TABLET*			
506052	APO-IBUPROFEN	APX	$ 0.0494 *
629340	NOVOPROFEN	NOP	
606219	IBUPROFEN	KNR	
364142	MOTRIN	UPJ	
* *600MG TABLET*			
585114	APO-IBUPROFEN	APX	$ 0.0716 *
629359	NOVOPROFEN	NOP	
606227	IBUPROFEN	KNR	
484911	MOTRIN	UPJ	

INDOMETHACIN

* *25MG CAPSULE*			
337420	NOVOMETHACIN	NOP	$ 0.0857 *
611158	APO-INDOMETHACIN	APX	
016039	INDOCID	MSD	
* *50MG CAPSULE*			
337439	NOVOMETHACIN	NOP	$ 0.1527 *
611166	APO-INDOMETHACIN	APX	
016047	INDOCID	MSD	
75MG SUSTAINED RELEASE CAPSULE			
463248	INDOCID-SR	MSD	
50MG SUPPOSITORY			
594466	INDOCID	MSD	
100MG SUPPOSITORY			
016233	INDOCID	MSD	

CONTINUED

KETOPROFEN

50MG CAPSULE			
336440	ORUDIS	RPP	
50MG ENTERIC COATED TABLET			
566888	ORUDIS-E	RPP	
100MG ENTERIC COATED TABLET			
663735	ORUDIS-E	RPP	
100MG SUPPOSITORY			
499544	ORUDIS	RPP	

NAPROXEN

• *125MG TABLET*			
615307	NAXEN	SYP	$ 0.0573 •
522678	APO-NAPROXEN	APX	
565369	NOVONAPROX	NOP	
299413	NAPROSYN	SYN	
• *250MG TABLET*			
615315	NAXEN	SYP	$ 0.0666 •
522651	APO-NAPROXEN	APX	
565350	NOVONAPROX	NOP	
335193	NAPROSYN	SYN	
• *375MG TABLET*			
615323	NAXEN	SYP	$ 0.1012 •
600806	APO-NAPROXEN	APX	
627097	NOVONAPROX	NOP	
583367	NAPROSYN	SYN	
• *500MG TABLET*			
615331	NAXEN	SYP	$ 0.1337 •
592277	APO-NAPROXEN	APX	
589861	NOVONAPROX	NOP	
525537	NAPROSYN	SYN	
500MG SUPPOSITORY			
531022	NAPROSYN	SYN	

PHENYLBUTAZONE

• *100MG TABLET*			
021660	NOVOBUTAZONE	NOP	$ 0.0195 •
312789	APO-PHENYLBUTAZONE	APX	
010502	BUTAZOLIDIN	GEI	

CONTINUED

PIROXICAM

** 10MG CAPSULE*			
642886	APO-PIROXICAM	APX	$ 0.4107 *
695718	NOVOPIROCAM	NOP	
525596	FELDENE	PFI	
** 20MG CAPSULE*			
695696	NOVOPIROCAM	NOP	$ 0.6272 *
642894	APO-PIROXICAM	APX	
525618	FELDENE	PFI	
10MG SUPPOSITORY			
632708	FELDENE	PFI	
20MG SUPPOSITORY			
632716	FELDENE	PFI	

SULINDAC

150MG TABLET			
456888	CLINORIL	FRS	
200MG TABLET			
432369	CLINORIL	FRS	

TIAPROFENIC ACID

200MG TABLET			
589926	SURGAM	ROU	
300MG TABLET			
589934	SURGAM	ROU	

TOLMETIN

400MG CAPSULE			
484938	TOLECTIN DS	MCN	
200MG TABLET			
364126	TOLECTIN	MCN	
600MG TABLET			
632740	TOLECTIN	MCN	

CARBAMAZEPINE

100MG CHEWABLE TABLET			
369810	TEGRETOL	GEI	
**200MG TABLET*			
504742	MAZEPINE	ICN	$ 0.0800 •
667110	PMS-CARBAMAZEPINE	PMS	
402699	APO-CARBAMAZEPINE	APX	
010405	TEGRETOL	GEI	

CLONAZEPAM

0.5MG TABLET			
382825	RIVOTRIL	HLR	$ 0.1704 •
2MG TABLET			
382841	RIVOTRIL	HLR	

DIVALPROEX SODIUM

125MG ENTERIC COATED TABLET			
596418	EPIVAL	ABB	
250MG ENTERIC COATED TABLET			
596426	EPIVAL	ABB	
500MG ENTERIC COATED TABLET			
596434	EPIVAL	ABB	

ETHOSUXIMIDE

250MG CAPSULE			
022799	ZARONTIN	PDA	
50MG/ML ORAL SYRUP			
023485	ZARONTIN	PDA	

MEPHENYTOIN

100MG TABLET			
027421	MESANTOIN	SAN	

METHSUXIMIDE

300MG CAPSULE			
022802	CELONTIN	PDA	

NITRAZEPAM

5MG TABLET			
511528	MOGADON	HLR	
10MG TABLET			
511536	MOGADON	HLR	

CONTINUED

PHENOBARBITAL ◈

** 15MG TABLET*		
178799	PHENOBARBITAL	SDR
604542	PHENOBARBITAL	SAN
023795	PHENOBARBITAL	PDA
271276	PHENOBARBITAL	ICN
** 30MG TABLET*		
178802	PHENOBARBITAL	SDR
604550	PHENOBARBITAL	SAN
023809	PHENOBARBITAL	PDA
293903	PHENOBARBITAL	ICN
** 60MG TABLET*		
178810	PHENOBARBITAL	SDR
604569	PHENOBARBITAL	SAN
023817	PHENOBARBITAL	PDA
320714	PHENOBARBITAL	ICN
** 100MG TABLET*		
178829	PHENOBARBITAL	SDR
604577	PHENOBARBITAL	SAN
344036	PHENOBARBITAL	ICN
4MG/ML ELIXIR		
604585	PHENOBARBITAL	SAN
5MG/ML ELIXIR		
645575	PHENOBARBITAL	SDR

PHENSUXIMIDE

500MG CAPSULE		
022810	MILONTIN	PDA

PHENYTOIN

30MG CAPSULE			
022772	DILANTIN	PDA	
100MG CAPSULE			
022780	DILANTIN	PDA	$ 0.0519 •
50MG TABLET			
023698	DILANTIN	PDA	
6MG/ML ORAL SUSPENSION			
023442	DILANTIN	PDA	
25MG/ML ORAL SUSPENSION			
023450	DILANTIN	PDA	

CONTINUED

PRIMIDONE

** 125MG TABLET*

399310	APO-PRIMIDONE	APX	
576700	SERTAN	PMS	
002623	MYSOLINE	AYE	

** 250MG TABLET*

396761	APO-PRIMIDONE	APX	$ 0.0428 *
576719	SERTAN	PMS	
002631	MYSOLINE	AYE	

VALPROATE SODIUM

50MG/ML ORAL SYRUP

443832	DEPAKENE	ABB

VALPROIC ACID

250MG CAPSULE

443840	DEPAKENE	ABB

500MG ENTERIC COATED CAPSULE

507989	DEPAKENE	ABB

PSYCHOTHERAPEUTIC AGENTS 28:16.04 (ANTIDEPRESSANTS)

ISOCARBOXAZID, PHENELZINE, TRANYLCYPROMINE: MONOAMINE OXIDASE INHIBITORS INTERACT WITH SYMPATHOMIMETIC DRUGS, FOODS AND ALCOHOLIC BEVERAGES CONTAINING TYRAMINE OR OTHER PRESSOR AMINES (EG. CHEESE, HERRING, CHICKEN LIVERS, BROAD BEANS, CHIANTI WINE, ETC.) AND MAY EVOKE HYPERTENSION. THESE DRUGS ARE CONTRAINDICATED IN PATIENTS WITH CEREBROVASCULAR AND CARDIOVASCULAR DISEASE. THE MANUFACTURERS' LITERATURE REGARDING PRECAUTIONS AND CONTRAINDICATIONS SHOULD BE CONSULTED PRIOR TO PRESCRIBING THESE DRUGS.

AMITRIPTYLINE

** 10MG TABLET*

335053	APO-AMITRIPTYLINE	APX	$ 0.0065 *
037400	NOVOTRIPTYN	NOP	
293911	LEVATE	ICN	
016322	ELAVIL	MSD	

** 25MG TABLET*

335061	APO-AMITRIPTYLINE	APX	$ 0.0050 *
037419	NOVOTRIPTYN	NOP	
306320	LEVATE	ICN	
016330	ELAVIL	MSD	

CONTINUED
AMITRIPTYLINE

AMITRIPTYLINE

*50MG TABLET			
335088	APO-AMITRIPTYLINE	APX	$ 0.0128 *
037427	NOVOTRIPTYN	NOP	
271152	LEVATE	ICN	
016349	ELAVIL	MSD	
2MG/ML SYRUP			
016306	ELAVIL	MSD	

AMOXAPINE

25MG TABLET			
527084	ASENDIN	LED	
50MG TABLET			
527092	ASENDIN	LED	
100MG TABLET			
527106	ASENDIN	LED	
150MG TABLET			
527114	ASENDIN	LED	

CLOMIPRAMINE HCL

10MG TABLET			
330566	ANAFRANIL	GEI	
25MG TABLET			
324019	ANAFRANIL	GEI	
50MG TABLET			
402591	ANAFRANIL-	GEI	

DESIPRAMINE HCL

*25MG TABLET			
353868 T	NORPRAMIN	MER	$ 0.3192 *
010448	PERTOFRANE	GEI	
50MG TABLET			
353876 T	NORPRAMIN	MER	
75MG TABLET			
425265 T	NORPRAMIN	MER	

CONTINUED

DOXEPIN HCL

** 10MG CAPSULE*			
629251	TRIADAPIN	PWC	$ 0.1321 *
024325	SINEQUAN	PFI	
** 25MG CAPSULE*			
629278	TRIADAPIN	PWC	$ 0.1571 *
024333	SINEQUAN	PFI	
** 50MG CAPSULE*			
629286	TRIADAPIN	PWC	$ 0.2997 *
024341	SINEQUAN	PFI	
** 75MG CAPSULE*			
629294	TRIADAPIN	PWC	
400750	SINEQUAN	PFI	
** 100MG CAPSULE*			
629308	TRIADAPIN	PWC	
326925	SINEQUAN	PFI	

IMIPRAMINE

** 10MG TABLET*			
360201	APO-IMIPRAMINE	APX	$ 0.0078 *
021504	NOVOPRAMINE	NOP	
236748	IMPRIL	ICN	
010464	TOFRANIL	GEI	
** 25MG TABLET*			
312797	APO-IMIPRAMINE	APX	$ 0.0100 *
021512	NOVOPRAMINE	NOP	
236756	IMPRIL	ICN	
010472	TOFRANIL	GEI	
** 50MG TABLET*			
326852	APO-IMIPRAMINE	APX	$ 0.0128 *
021520	NOVOPRAMINE	NOP	
236721	IMPRIL	ICN	
010480	TOFRANIL	GEI	

ISOCARBOXAZID

(SEE NOTE ON PAGE 51)

10MG TABLET		
013307	MARPLAN	HLR

CONTINUED

28:16.04 PSYCHOTHERAPEUTIC AGENTS (ANTIDEPRESSANTS) CONTINUED

MAPROTILINE

10MG TABLET

641855	LUDIOMIL	CIB

25MG TABLET

360481 T	LUDIOMIL	CIB

50MG TABLET

360503	LUDIOMIL	CIB

75MG TABLET

360511	LUDIOMIL	CIB

NORTRIPTYLINE

10MG CAPSULE

015229	AVENTYL	LIL

25MG CAPSULE

015237	AVENTYL	LIL

PHENELZINE SO4

(SEE NOTE ON PAGE 51)

15MG TABLET

476552	NARDIL	PDA

PROTRIPTYLINE

5MG TABLET

322261	TRIPTIL	MSD

10MG TABLET

322741	TRIPTIL	MSD

TRANYLCYPROMINE SO4

(SEE NOTE ON PAGE 51)

10MG TABLET

027111	PARNATE	SKF

TRAZODONE

50MG TABLET

579351	DESYREL	BRI

100MG TABLET

579378	DESYREL	BRI

CONTINUED

PSYCHOTHERAPEUTIC AGENTS 28:16.04 (ANTIDEPRESSANTS) CONTINUED

TRIMIPRAMINE

75MG CAPSULE

442437	SURMONTIL	RPP

12.5MG TABLET

025828	SURMONTIL	RPP

25MG TABLET

025836	SURMONTIL	RPP

50MG TABLET

025844	SURMONTIL	RPP

100MG TABLET

025852	SURMONTIL	RPP

PSYCHOTHERAPEUTIC AGENTS 28:16.08 (TRANQUILIZERS)

CHLORDIAZEPOXIDE

SEE SECTION 28:24.00 (SEDATIVE-HYPNOTICS) PAGE 64

CHLORPROMAZINE

** 10MG TABLET*

232157	NOVOCHLORPROMAZINE	NOP	
025453	LARGACTIL	RPP	

** 25MG TABLET*

025461	LARGACTIL	RPP	$ 0.0111 *
232823	NOVOCHLORPROMAZINE	NOP	

** 50MG TABLET*

025488	LARGACTIL	RPP	$ 0.0139 *
232807	NOVOCHLORPROMAZINE	NOP	

** 100MG TABLET*

232831	NOVOCHLORPROMAZINE	NOP	$ 0.0195 *
025496	LARGACTIL	RPP	

** 200MG TABLET*

021342	NOVOCHLORPROMAZINE	NOP
025518	LARGACTIL	RPP

5MG/ML ORAL SOLUTION

025151	LARGACTIL	RPP

** 20MG/ML ORAL SOLUTION*

580988	CHLORPROMANYL	TCH
025178	LARGACTIL	RPP

CONTINUED
CHLORPROMAZINE

CHLORPROMAZINE

*40MG/ML ORAL SOLUTION

690805	CHLORPROMANYL-40	TCH
025186	LARGACTIL	RPP

25MG/ML INJECTION SOLUTION (2ML)

163953	LARGACTIL	RPP

CHLORPROTHIXENE

15MG TABLET

013234	TARASAN	HLR

50MG TABLET

013242	TARASAN	HLR

CLORAZEPATE DIPOTASSIUM

SEE SECTION 28:24.00 (SEDATIVE-HYPNOTICS) PAGE 64

DIAZEPAM

SEE SECTION 28:24.00 (SEDATIVE-HYPNOTICS) PAGE 65

FLUPENTHIXOL DECANOATE

20MG/ML INJECTION SOLUTION (10ML)

524522	FLUANXOL DEPOT	MER

100MG/ML INJECTION SOLUTION (2ML)

524530	FLUANXOL DEPOT	MER

FLUPENTHIXOL DIHYDROCHLORIDE

0.5MG TABLET

580619	FLUANXOL	MER

3MG TABLET

585157	FLUANXOL	MER

FLUPHENAZINE DECANOATE

25MG/ML INJECTION SOLUTION (5ML)

349917	MODECATE	SQU

FLUPHENAZINE ENANTHATE

25MG/ML INJECTION SOLUTION (5ML)

029173	MODITEN ENANTHATE	SQU

CONTINUED

FLUPHENAZINE HCL

** 1MG TABLET*

405345	APO-FLUPHENAZINE	APX	
504424	PERMITIL	SCH	
029378	MODITEN	SQU	

** 2MG TABLET*

410632	APO-FLUPHENAZINE	APX	
504432	PERMITIL	SCH	
029386 T	MODITEN	SQU	

** 5MG TABLET*

405361	APO-FLUPHENAZINE	APX	
504459	PERMITIL	SCH	
029408	MODITEN	SQU	

10MG TABLET

582514	MODITEN	SQU	

0.5MG/ML ELIXIR

245240	MODITEN	SQU	

FLUSPIRILENE

2MG/ML INJECTION SOLUTION (6ML)

368393	IMAP	MCN	

HALOPERIDOL

** 0.5MG TABLET*

396796	APO-HALOPERIDOL	APX	$ 0.0544 *
363685	NOVOPERIDOL	NOP	
552135	PERIDOL	TCH	
749419	HALOPERIDOL	KNR	
017655	HALDOL	MCN	

** 1MG TABLET*

749427	HALOPERIDOL	KNR	$ 0.0694 *
396818	APO-HALOPERIDOL	APX	
552143	PERIDOL	TCH	
363677	NOVOPERIDOL	NOP	
017663 T	HALDOL	MCN	

** 2MG TABLET*

396826	APO-HALOPERIDOL	APX	$ 0.1055 *
363669	NOVOPERIDOL	NOP	
749435	HALOPERIDOL	KNR	
017671	HALDOL	MCN	

CONTINUED
HALOPERIDOL

** 5MG TABLET*				
363650		NOVOPERIDOL	NOP	$ 0.1332 *
396834		APO-HALOPERIDOL	APX	
647969		PERIDOL	TCH	
749443		HALOPERIDOL	KNR	
017698	T	HALDOL	MCN	
** 10MG TABLET*				
463698		APO-HALOPERIDOL	APX	
713449		NOVOPERIDOL	NOP	
749451		HALOPERIDOL	KNR	
381772		HALDOL	MCN	
** 2MG/ML ORAL SOLUTION*				
587702		APO-HALOPERIDOL	APX	
017582		HALDOL	MCN	
552429		PERIDOL	TCH	
5MG/ML INJECTION SOLUTION (1ML)				
017574		HALDOL	MCN	

HALOPERIDOL DECANOATE

50MG/ML INJECTION SOLUTION (1ML)			
599085		HALDOL-LA	MCN
100MG/ML INJECTION SOLUTION (1ML)			
599093		HALDOL-LA	MCN

HYDROXYZINE

SEE SECTION 28:24.00 (SEDATIVE-HYPNOTICS) PAGE 66

LORAZEPAM

SEE SECTION 28:24.00 (SEDATIVE-HYPNOTICS) PAGE 66

LOXAPINE SUCCINATE

5MG TABLET			
346780		LOXAPAC	LED
10MG TABLET			
346799		LOXAPAC	LED
25MG TABLET			
346802		LOXAPAC	LED
50MG TABLET			
346810		LOXAPAC	LED

CONTINUED

MESORIDAZINE

10MG TABLET

027448	SERENTIL	SAN

25MG TABLET

027456	SERENTIL	SAN

50MG TABLET

027464	SERENTIL	SAN

25MG/ML SYRUP

259489	SERENTIL	SAN

OXAZEPAM

SEE SECTION 28:24.00 (SEDATIVE-HYPNOTICS) PAGE 67

PERICYAZINE

5MG CAPSULE

024880	NEULEPTIL	RPP

10MG CAPSULE

024899	NEULEPTIL	RPP

20MG CAPSULE

379328	NEULEPTIL	RPP

10MG/ML ORAL DROPS

379301	NEULEPTIL	RPP

PERPHENAZINE

** 2MG TABLET*

335134	APO-PERPHENAZINE	APX	$ 0.0100 *
296309	PHENAZINE	ICN	
028290	TRILAFON	SCH	

** 4MG TABLET*

335126	APO-PERPHENAZINE	APX	$ 0.0111 *
296317	PHENAZINE	ICN	
028304	TRILAFON	SCH	

** 8MG TABLET*

335118	APO-PERPHENAZINE	APX
028312	TRILAFON	SCH
294799	PHENAZINE	ICN

** 16MG TABLET*

028320	TRILAFON	SCH
294802	PHENAZINE	ICN
335096	APO-PERPHENAZINE	APX

CONTINUED
PERPHENAZINE

PERPHENAZINE

0.4MG/ML SYRUP

028150	TRILAFON	SCH

3.2MG/ML SYRUP

028169	TRILAFON CONCENTRATE	SCH

PIMOZIDE

2MG TABLET

313815	ORAP	MCN

4MG TABLET

313823 T	ORAP	MCN

PIPOTIAZINE PALMITATE

25MG/ML INJECTION SOLUTION (1ML)

427918	PIPORTIL L4	RPP

50MG/ML INJECTION SOLUTION (2ML)

427926	PIPORTIL L4	RPP

PROCHLORPERAZINE

5MG TABLET

025682	STEMETIL	RPP

10MG TABLET

025690	STEMETIL	RPP

1MG/ML ORAL SOLUTION

025216	STEMETIL	RPP

5MG/ML INJECTION SOLUTION (2ML)

578185	STEMETIL	RPP

10MG SUPPOSITORY

025364	STEMETIL	RPP

PROMAZINE

25MG TABLET

034177	SPARINE	WYE

50MG TABLET

034185	SPARINE	WYE

CONTINUED

THIORIDAZINE

** 10MG TABLET*			
360228	APO-THIORIDAZINE	APX	$ 0.0206 *
037508	NOVORIDAZINE	NOP	
575119	PMS-THIORIDAZINE	PMS	
027529	MELLARIL	SAN	
** 25MG TABLET*			
360198	APO-THIORIDAZINE	APX	$ 0.0300 *
037494	NOVORIDAZINE	NOP	
575127	PMS-THIORIDAZINE	PMS	
027537	MELLARIL	SAN	
** 50MG TABLET*			
360236	APO-THIORIDAZINE	APX	$ 0.0461 *
037486	NOVORIDAZINE	NOP	
575135	PMS-THIORIDAZINE	PMS	
027545	MELLARIL	SAN	
** 100MG TABLET*			
360244	APO-THIORIDAZINE	APX	$ 0.0833 *
037478	NOVORIDAZINE	NOP	
575143	PMS-THIORIDAZINE	PMS	
027553	MELLARIL	SAN	
30MG/ML ORAL SOLUTION			
027359	MELLARIL	SAN	
2MG/ML ORAL SUSPENSION			
027375	MELLARIL	SAN	

THIOTHIXENE

2MG CAPSULE			
024430	NAVANE	PFI	
5MG CAPSULE			
024449	NAVANE	PFI	
10MG CAPSULE			
024457	NAVANE	PFI	

CONTINUED

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:16.08 PSYCHOTHERAPEUTIC AGENTS (TRANQUILIZERS) CONTINUED

TRIFLUOPERAZINE

* *1MG TABLET*				
345539		APO-TRIFLUOPERAZINE	APX	$ 0.0089 *
021857		NOVOFLURAZINE	NOP	
294861		TERFLUZINE	ICN	
013897		SOLAZINE	HOR	
027146		STELAZINE	SKF	
* *2MG TABLET*				
312754		APO-TRIFLUOPERAZINE	APX	$ 0.0100 *
021865		NOVOFLURAZINE	NOP	
303453		TERFLUZINE	ICN	
013900		SOLAZINE	HOR	
027154		STELAZINE	SKF	
* *5MG TABLET*				
312746		APO-TRIFLUOPERAZINE	APX	$ 0.0111 *
021873		NOVOFLURAZINE	NOP	
271527		TERFLUZINE	ICN	
013919		SOLAZINE	HOR	
027162		STELAZINE	SKF	
* *10MG TABLET*				
326836		APO-TRIFLUOPERAZINE	APX	$ 0.0134 *
021881		NOVOFLURAZINE	NOP	
280399		TERFLUZINE	ICN	
013927	T	SOLAZINE	HOR	
027170		STELAZINE	SKF	
* *10MG/ML ORAL SOLUTION*				
298212		TERFLUZINE	ICN	
027022		STELAZINE	SKF	

28:16.12 PSYCHOTHERAPEUTIC AGENTS (OTHER PSYCHOTROPICS)

LITHIUM CARBONATE

300MG CAPSULE			
236683	CARBOLITH	ICN	$ 0.0533 *
300MG TABLET			
024406	LITHANE	PFI	$ 0.0555 *
300MG SUSTAINED RELEASE TABLET			
590665	DURALITH	MCN	

ALPRAZOLAM

0.25MG TABLET

548359	XANAX	UPJ	

0.5MG TABLET

548367	XANAX	UPJ	

AMOBARBITAL ⊕

15MG TABLET

015601	AMYTAL	LIL	

30MG TABLET

015628	AMYTAL	LIL	

100MG TABLET

015636	AMYTAL	LIL	

AMOBARBITAL SODIUM ⊕

60MG CAPSULE

015148	AMYTAL SODIUM	LIL	

200MG CAPSULE

015156	AMYTAL SODIUM	LIL	

BROMAZEPAM

3MG TABLET

518123	LECTOPAM	HLR	$ 0.1316 •

6MG TABLET

518131	LECTOPAM	HLR	

BUTABARBITAL ⊕

15MG TABLET

604674	DAY-BARB	SAN	

30MG TABLET

604607	DAY-BARB	SAN	

100MG TABLET

604615	DAY-BARB	SAN	

BUTABARBITAL SODIUM ⊕

15MG TABLET

581305	BUTISOL SODIUM	HOR	

30MG TABLET

581291 T	BUTISOL SODIUM	HOR	

100MG TABLET

581313	BUTISOL SODIUM	HOR	

CONTINUED

28:24.00 SEDATIVES - HYPNOTICS

CONTINUED

CHLORAL HYDRATE

* *500MG CAPSULE*				
020893		NOVOCHLORHYDRATE	NOP	$ 0.0284 *
029041		NOCTEC	SQU	
100MG/ML SYRUP				
029327		NOCTEC	SQU	$ 0.0183 *

CHLORDIAZEPOXIDE

* *5MG CAPSULE*				
020915		NOVOPOXIDE	NOP	$ 0.0128 *
522724		APO-CHLORDIAZEPOXIDE	APX	
013463		SOLIUM	HOR	
012629		LIBRIUM	HLR	
* *10MG CAPSULE*				
020923		NOVOPOXIDE	NOP	$ 0.0150 *
522988		APO-CHLORDIAZEPOXIDE	APX	
013471	T	SOLIUM	HOR	
012637		LIBRIUM	HLR	
* *25MG CAPSULE*				
020931		NOVOPOXIDE	NOP	$ 0.0184 *
522996		APO-CHLORDIAZEPOXIDE	APX	
013498		SOLIUM	HOR	
012645		LIBRIUM	HLR	

CLORAZEPATE DIPOTASSIUM

* *3.75MG CAPSULE*				
628190		NOVOCLOPATE	NOP	$ 0.0785 *
264938		TRANXENE	ABB	
* *7.5MG CAPSULE*				
628204		NOVOCLOPATE	NOP	$ 0.1754 *
264946		TRANXENE	ABB	
* *15MG CAPSULE*				
628212		NOVOCLOPATE	NOP	$ 0.2992 *
264911		TRANXENE	ABB	

CONTINUED

DIAZEPAM

** 2MG TABLET*				
405329		APO-DIAZEPAM	APX	$ 0.0084 *
272434		NOVODIPAM	NOP	
272647		E-PAM	ICN	
013757	T	VIVOL	HOR	
013277		VALIUM	HLR	
** 5MG TABLET*				
362158		APO-DIAZEPAM	APX	$ 0.0031 *
272442		NOVODIPAM	NOP	
280429		E-PAM	ICN	
013765	T	VIVOL	HOR	
013285		VALIUM	HLR	
** 10MG TABLET*				
405337		APO-DIAZEPAM	APX	$ 0.0134 *
272450		NOVODIPAM	NOP	
272639		E-PAM	ICN	
013773	T	VIVOL	HOR	
013293		VALIUM	HLR	
1MG/ML ORAL SUSPENSION				
013110		VALIUM	HLR	

FLURAZEPAM HCL

** 15MG CAPSULE*				
496545		NOVOFLUPAM	NOP	$ 0.0250 *
521698		APO-FLURAZEPAM	APX	
667102		PMS-FLURAZEPAM-	PMS	
414220		SOM-PAM	ICN	
012696		DALMANE	HLR	
** 30MG CAPSULE*				
496553		NOVOFLUPAM	NOP	$ 0.0267 *
521701		APO-FLURAZEPAM	APX	
667099		PMS-FLURAZEPAM	PMS	
414239		SOM-PAM	ICN	
012718		DALMANE	HLR	

28:00 CENTRAL NERVOUS SYSTEM DRUGS

28:24.00 SEDATIVES - HYPNOTICS

CONTINUED

HYDROXYZINE

** 10MG CAPSULE*			
723487	MULTIPAX	ROR	$ 0.0367 *
024376	ATARAX	PFI	
** 25MG CAPSULE*			
723479	MULTIPAX	ROR	$ 0.0444 *
024384	ATARAX	PFI	
** 50MG CAPSULE*			
723592	MULTIPAX	ROR	
024392	ATARAX	PFI	
2MG/ML ORAL SYRUP			
024694	ATARAX	PFI	

LORAZEPAM

** 0.5MG TABLET*			
711101	NOVOLORAZEM	NOP	$ 0.0372 *
655740	APO-LORAZEPAM	APX	
399124	ATIVAN	WYE	
** 1MG TABLET*			
637742	NOVOLORAZEM	NOP	$ 0.0261 *
348325	ATIVAN	WYE	
655759	APO-LORAZEPAM	APX	
** 2MG TABLET*			
655767	APO-LORAZEPAM	APX	$ 0.0433 *
348333	ATIVAN	WYE	
637750	NOVOLORAZEM	NOP	

METHOTRIMEPRAZINE

2MG TABLET			
025577	NOZINAN	RPP	
5MG TABLET			
025585	NOZINAN	RPP	
25MG TABLET			
025593	NOZINAN	RPP	
50MG TABLET			
025607	NOZINAN	RPP	
5MG/ML ORAL SOLUTION			
025194	NOZINAN	RPP	
40MG/ML ORAL SOLUTION			
025208	NOZINAN	RPP	

CONTINUED

OXAZEPAM

** 10MG TABLET*

402680	APO-OXAZEPAM	APX	$ 0.0100 *
500852	NOVOXAPAM	NOP	
414247	OXPAM	ICN	
295701	SERAX	WYE	

** 15MG TABLET*

402745	APO-OXAZEPAM	APX	$ 0.0111 *
496529	NOVOXAPAM	NOP	
414255	OXPAM	ICN	
295698	SERAX	WYE	

** 30MG TABLET*

402737	APO-OXAZEPAM	APX	$ 0.0139 *
496537	NOVOXAPAM	NOP	
414263	OXPAM	ICN	
231363	SERAX	WYE	

PENTOBARBITAL SODIUM ⊕

** 100MG CAPSULE*

020990	NOVOPENTOBARB	NOP
000086	NEMBUTAL	ABB

PHENOBARBITAL ⊕

SEE SECTION 28:12.00 (ANTICONVULSANTS) PAGE 50

SECOBARBITAL SODIUM ⊕

50MG CAPSULE

015261	SECONAL	LIL

** 100MG CAPSULE*

021032	NOVOSECOBARB	NOP
015288	SECONAL	LIL

TRIAZOLAM

0.125MG TABLET

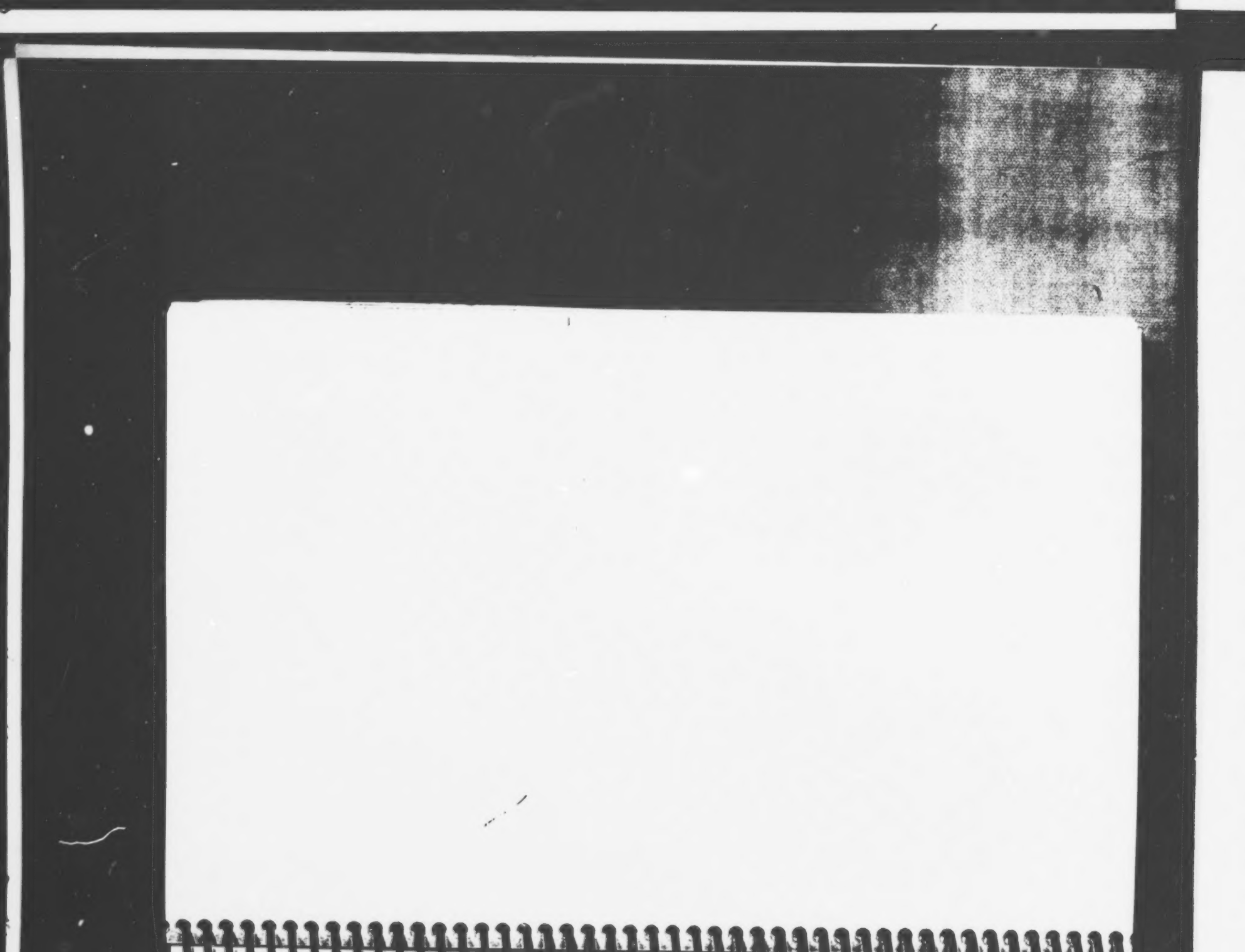
512559	HALCION	UPJ

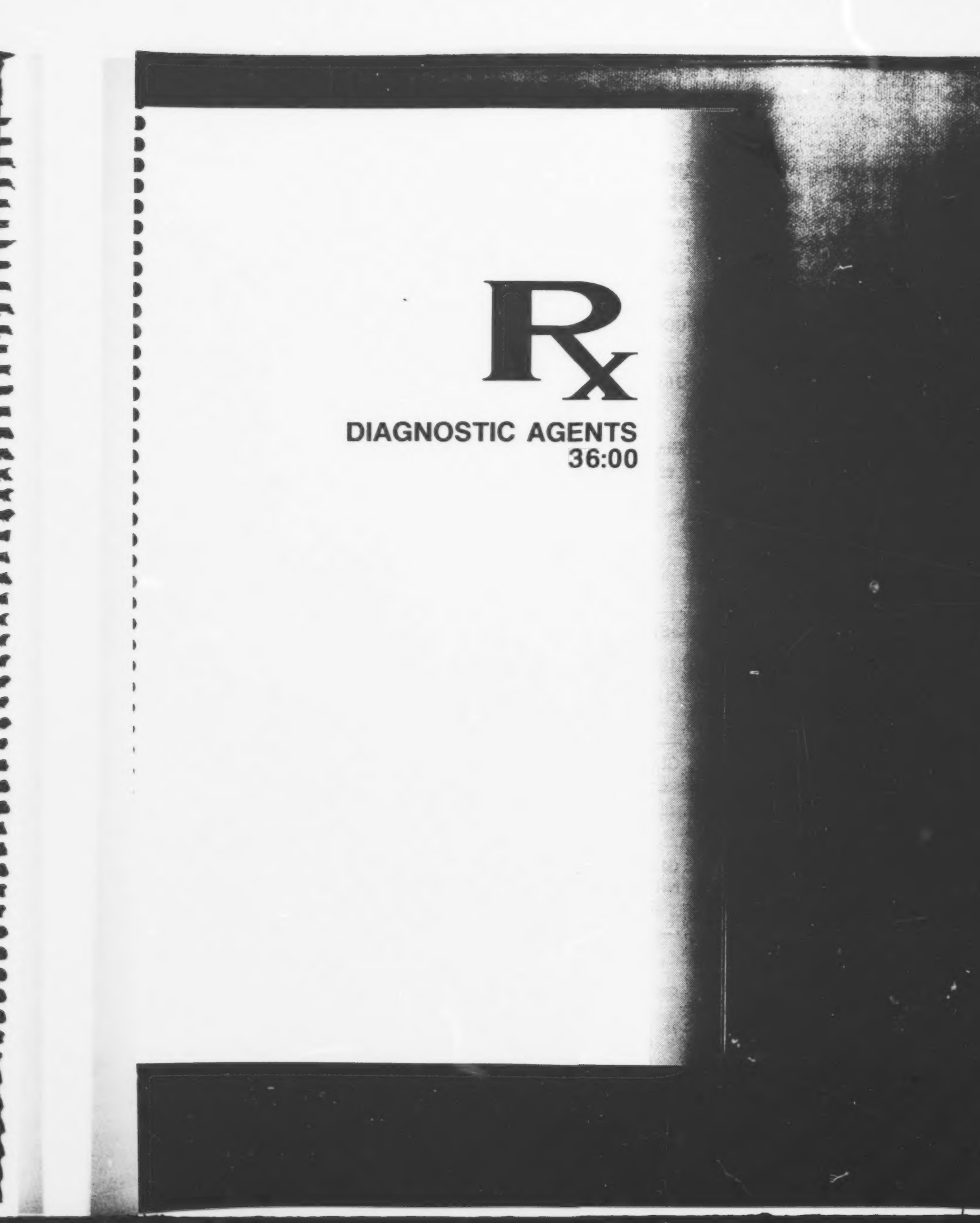
0.25MG TABLET

443158	HALCION	UPJ

0.5MG TABLET

443131	HALCION	UPJ

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DIAGNOSTIC AGENTS
36:00

36:00 DIAGNOSTIC AGENTS

36:04.00 ADRENAL INSUFFICIENCY

CORTICOTROPIN

SEE SECTION 68:28.00 (PITUITARY AGENTS) PAGE 112

COSYNTROPIN ZINC HYDROXIDE

SEE SECTION 68:28.00 (PITUITARY AGENTS) PAGE 112

36:26.00 DIABETES MELLITUS

GLUCOSE OXIDASE/PEROXIDASE REAGENT

STICK

950343	REFLOCHECK	BMC
950017	DEXTROSTIX	AME
950106	VISIDEX II	AME
950068	CHEMSTRIP BG	BMC
950408	GLUCOSTIX	AME
950254	BM-TEST-BG	BMC
950262	GLUCOSCAN	LSN
950270	GLUCOSCAN/GM	LSN

36:88.00 URINE CONTENTS

CUPRIC SO4 REAGENT

TABLET

035122	CLINITEST	AME

GLUCOSE OXIDASE/PEROXIDASE REAGENT

STICK

035114	CLINISTIX	AME
035130	DIASTIX	AME
950211	CHEMSTRIP UG 5000	BMC

GLUCOSE OXIDASE/PEROXIDASE/SODIUM NITROFERRICYANIDE/GLYCINE REAGENT

STICK

950238	CHEMSTRIP UG 5000K	BMC

CONTINUED

GLUCOSE OXIDASE/PEROXIDASE/SODIUM NITROPRUSSIDE REAGENT

STICK

035149	KETO DIASTIX	AME

SODIUM NITROPRUSSIDE REAGENT

STICK

904376	CHEMSTRIP K	BMC
035092	KETOSTIX	AME

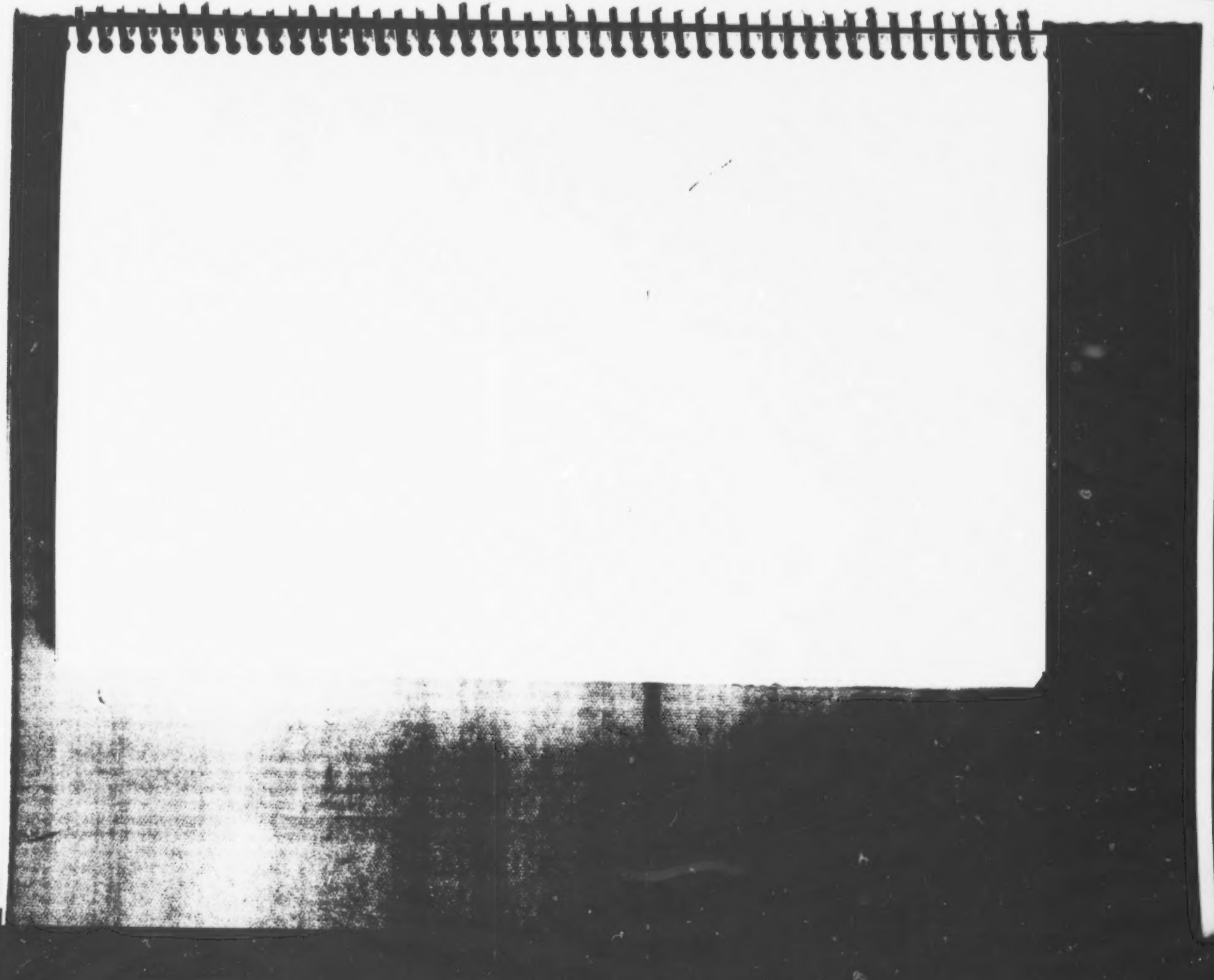
TABLET

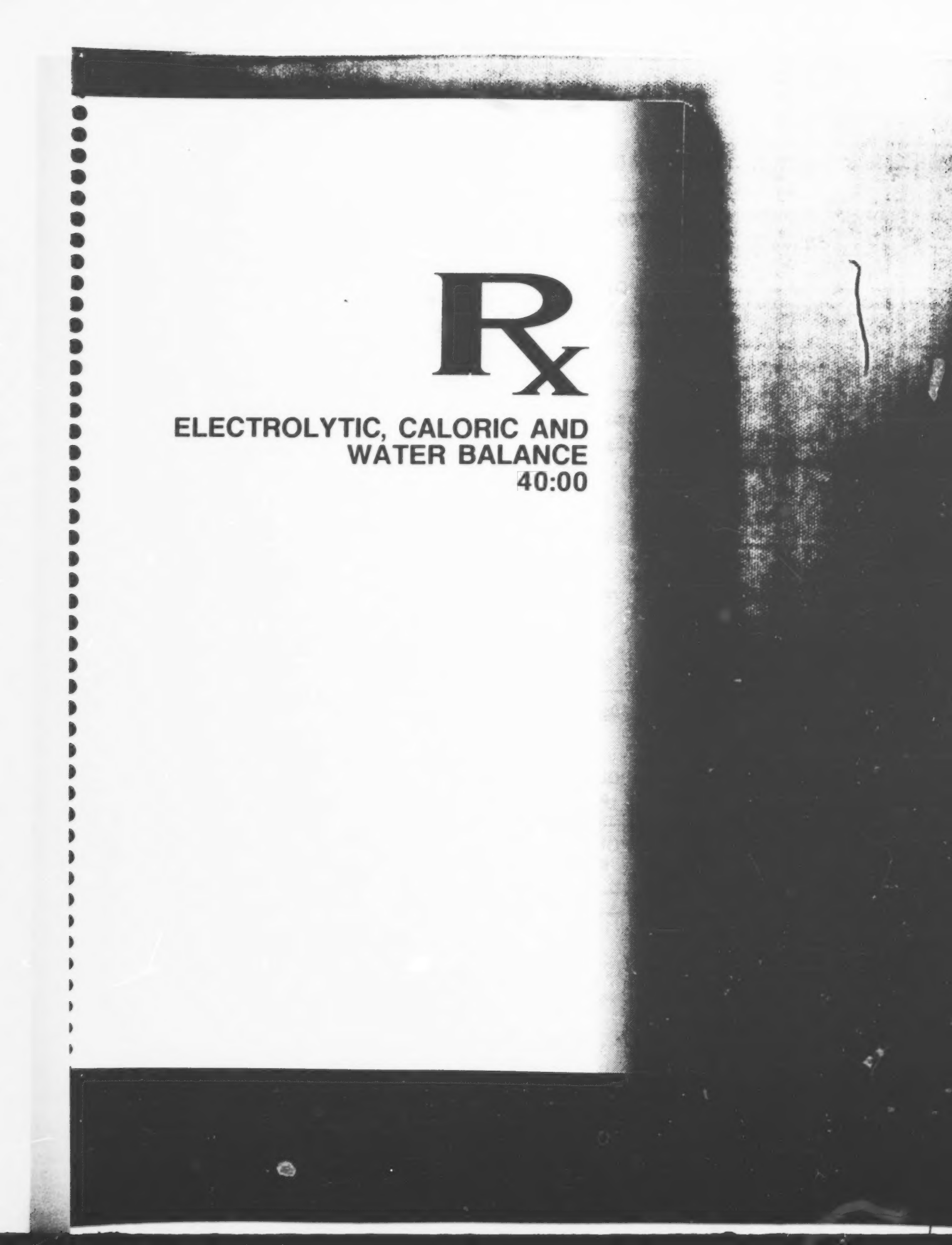
035106	ACETEST	AME

URINE-SUGAR ANALYSIS PAPER

STRIP

035653	TES-TAPE	LIL




Rx
ELECTROLYTIC, CALORIC AND
WATER BALANCE
40:00

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:12.00 REPLACEMENT AGENTS

POTASSIUM CHLORIDE

8MMOL LONG ACTING CAPSULE			
516244	MICRO-K EXTENCAPS	ROB	
10MMOL LONG ACTING CAPSULE			
632759	MICRO-K-10 EXTENCAPS	ROB	
12MMOL EFFERVESCENT TABLET			
027596	POTASSIUM-SANDOZ	SAN	
➡*8MMOL LONG ACTING TABLET*			
074225	SLOW-K	CIB	$ 0.0754 •
602876	NOVOLENTE-K	NOP	
439614	APO-K	APX	
554308	SLO-POT	ICN	
10MMOL LONG ACTING TABLET			
471496	KALIUM DURULES	AST	
• *1.33MMOL/ML ORAL SOLUTION*			
436984	K-10	BEE	$ 0.0053 •
704504	KAY-CIEL ELIXIR	BEX	
20MMOL/PACKAGE POWDER (3G)			
481211	K-LOR	ABB	
20MMOL/PACKAGE POWDER (5.7G)			
632996	KATO	ICN	
25MMOL/PACKAGE POWDER (7.8G)			
464813	K-LYTE/CL	BRI	

40:18.00 POTASSIUM-REMOVING RESINS

POLYSTYRENE CALCIUM SULFONATE

0.8MMOL/G POWDER		
471429	CALCIUM RESONIUM	WIN

POLYSTYRENE SODIUM SULFONATE

0.5MMOL/G POWDER		
033197	KAYEXALATE	WIN

ACETAZOLAMIDE

SEE SECTION 52:10.00 (CARBONIC ANHYDRASE INHIBITORS) PAGE 87

AMILORIDE HCL

5MG TABLET

487805	MIDAMOR	MSD	

CHLORTHALIDONE

** 50MG TABLET*

360279	APO-CHLORTHALIDONE	APX	$ 0.0206 *
337447	NOVOTHALIDONE	NOP	
298964	URIDON	ICN	
010413 T	HYGROTON	GEI	

** 100MG TABLET*

360287	APO-CHLORTHALIDONE	APX	$ 0.0339 *
337455	NOVOTHALIDONE	NOP	
293881	URIDON	ICN	
010421	HYGROTON	GEI	

ETHACRYNIC ACID

50MG TABLET

016497	EDECRIN	MSD	

FUROSEMIDE

** 20MG TABLET*

396788	APO-FUROSEMIDE	APX	$ 0.0089 *
337730	NOVOSEMIDE	NOP	
353612	FUROSIDE	ICN	
289590	LASIX	HOE	

** 40MG TABLET*

362166	APO-FUROSEMIDE	APX	$ 0.0069 *
337749	NOVOSEMIDE	NOP	
332275	FUROSIDE	ICN	
012580	LASIX	HOE	
344079	URITOL	HOR	

10MG/ML ORAL SOLUTION

432342	LASIX	HOE	

CONTINUED

40:00 ELECTROLYTIC, CALORIC AND WATER BALANCE

40:28.00 DIURETICS

CONTINUED

HYDROCHLOROTHIAZIDE

* *25MG TABLET*				
326844	APO-HYDROCHLOROTHIAZIDE	APX	$ 0.0100	*
263893	UROZIDE	ICN		
021474	NOVOHYDRAZIDE	NOP		
005568	ESIDRIX	CIB		
016500	HYDRODIURIL	MSD		
* *50MG TABLET*				
312800	APO-HYDROCHLOROTHIAZIDE	APX	$ 0.0134	*
021482	NOVOHYDRAZIDE	NOP		
263907	UROZIDE	ICN		
016519	HYDRODIURIL	MSD		

INDAPAMIDE HEMIHYDRATE

2.5MG TABLET			
564966	LOZIDE	SEV	

METOLAZONE

2.5MG TABLET			
301663	ZAROXOLYN	PWC	
5MG TABLET			
301698	ZAROXOLYN	PWC	
10MG TABLET			
301671	ZAROXOLYN	PWC	

SPIRONOLACTONE

* *25MG TABLET*				
613215	NOVOSPIROTON	NOP	$ 0.0639	*
028606	ALDACTONE	SEA		
* *100MG TABLET*				
613223	NOVOSPIROTON	NOP	$ 0.1693	*
285455	ALDACTONE	SEA		

TRIAMTERENE

50MG TABLET		
299715	DYRENIUM	SKF
100MG TABLET		
027138	DYRENIUM	SKF

URICOSURIC DRUGS 40:40.00

PROBENECID

** 500MG TABLET*

016616	BENEMID	MSD	
294926	BENURYL	ICN	

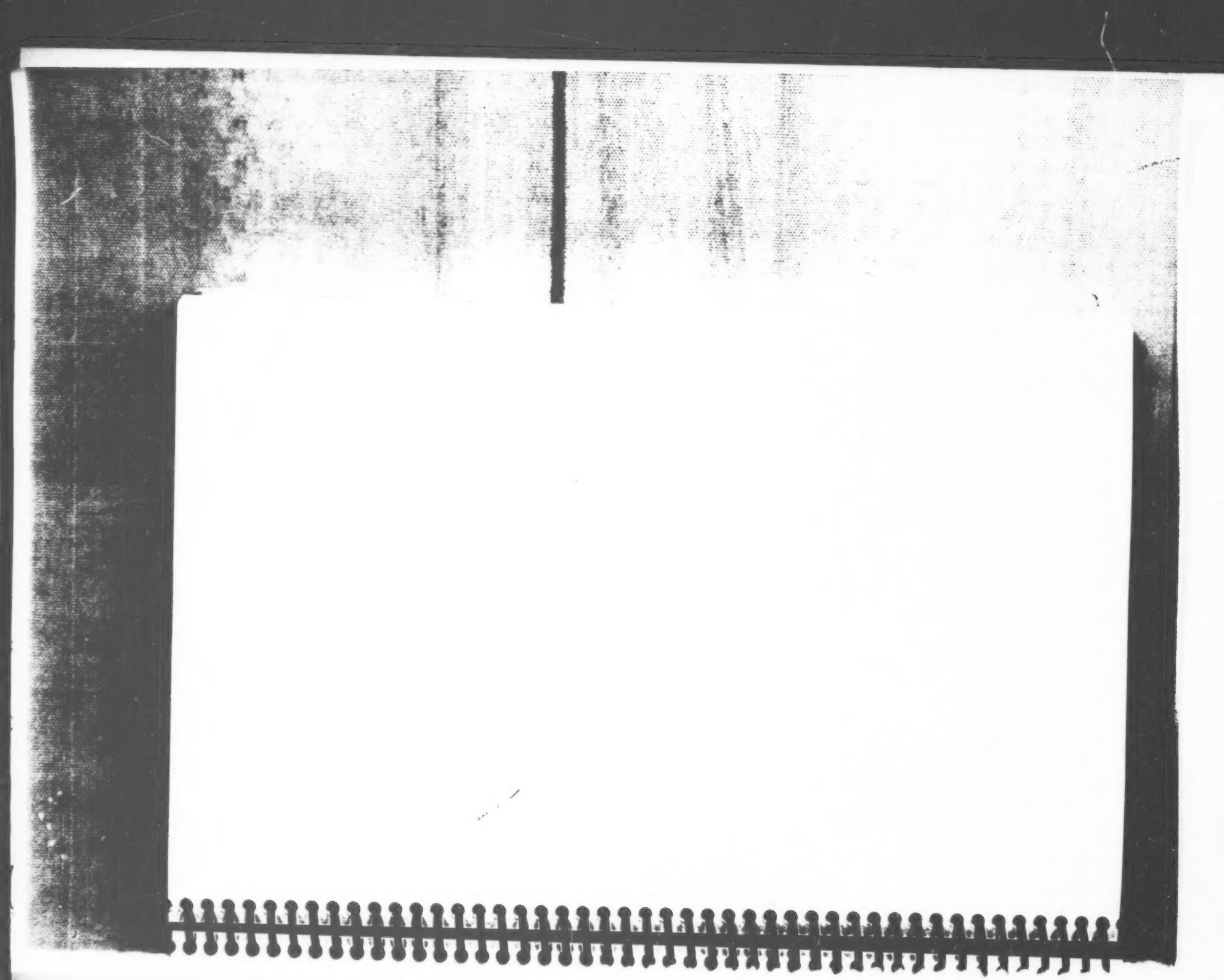
SULFINPYRAZONE

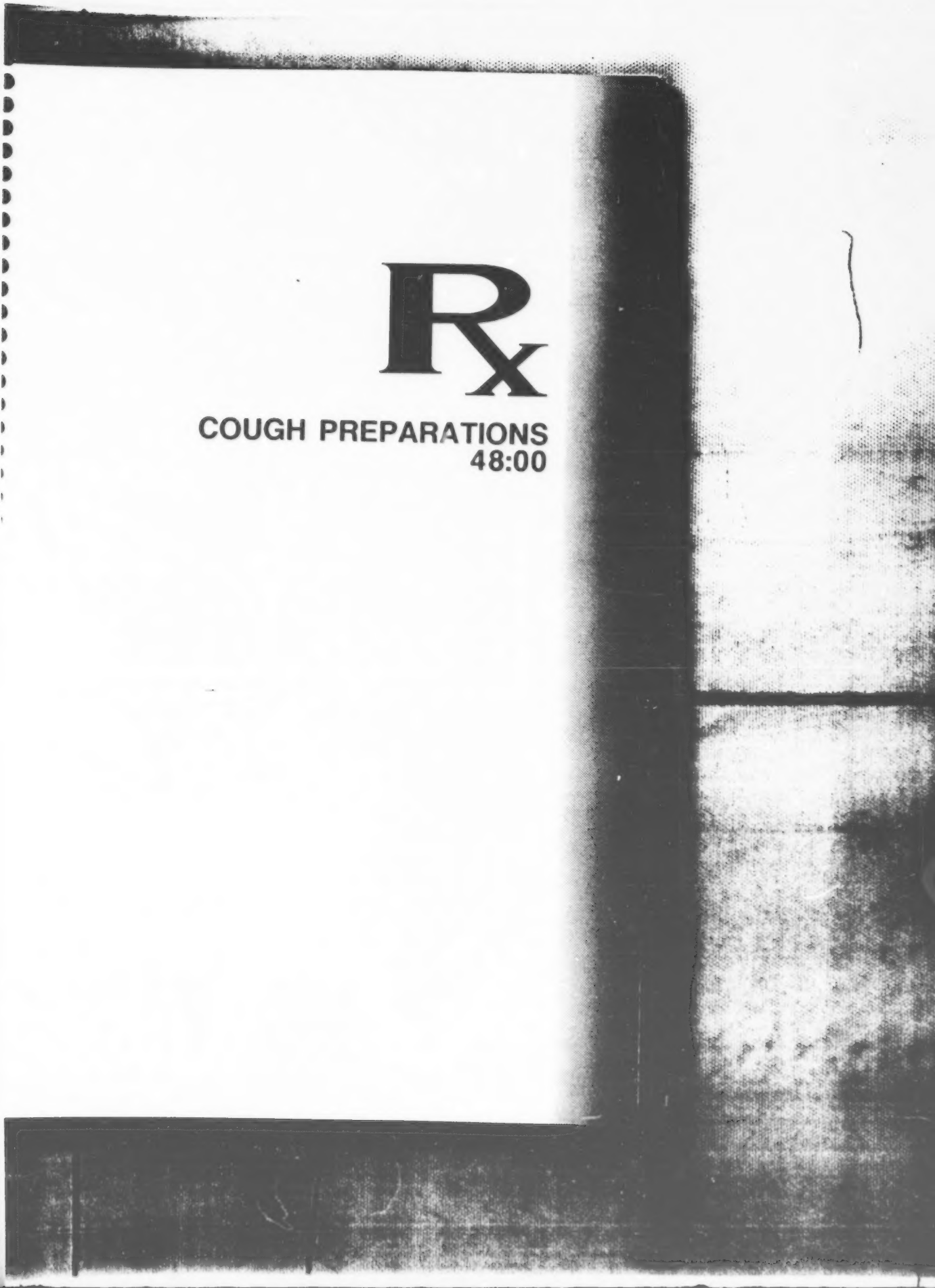
** 100MG TABLET*

441759	APO-SULFINPYRAZONE	APX	$ 0.0389 *
475068	NOVOPYRAZONE	NOP	
463043	ZYNOL	HOR	
010510	ANTURAN	GEI	

** 200MG TABLET*

441767	APO-SULFINPYRAZONE	APX	$ 0.0500 *
475076	NOVOPYRAZONE	NOP	
463051	ZYNOL	HOR	
010529	ANTURAN	GEI	




℞
COUGH PREPARATIONS
48:00

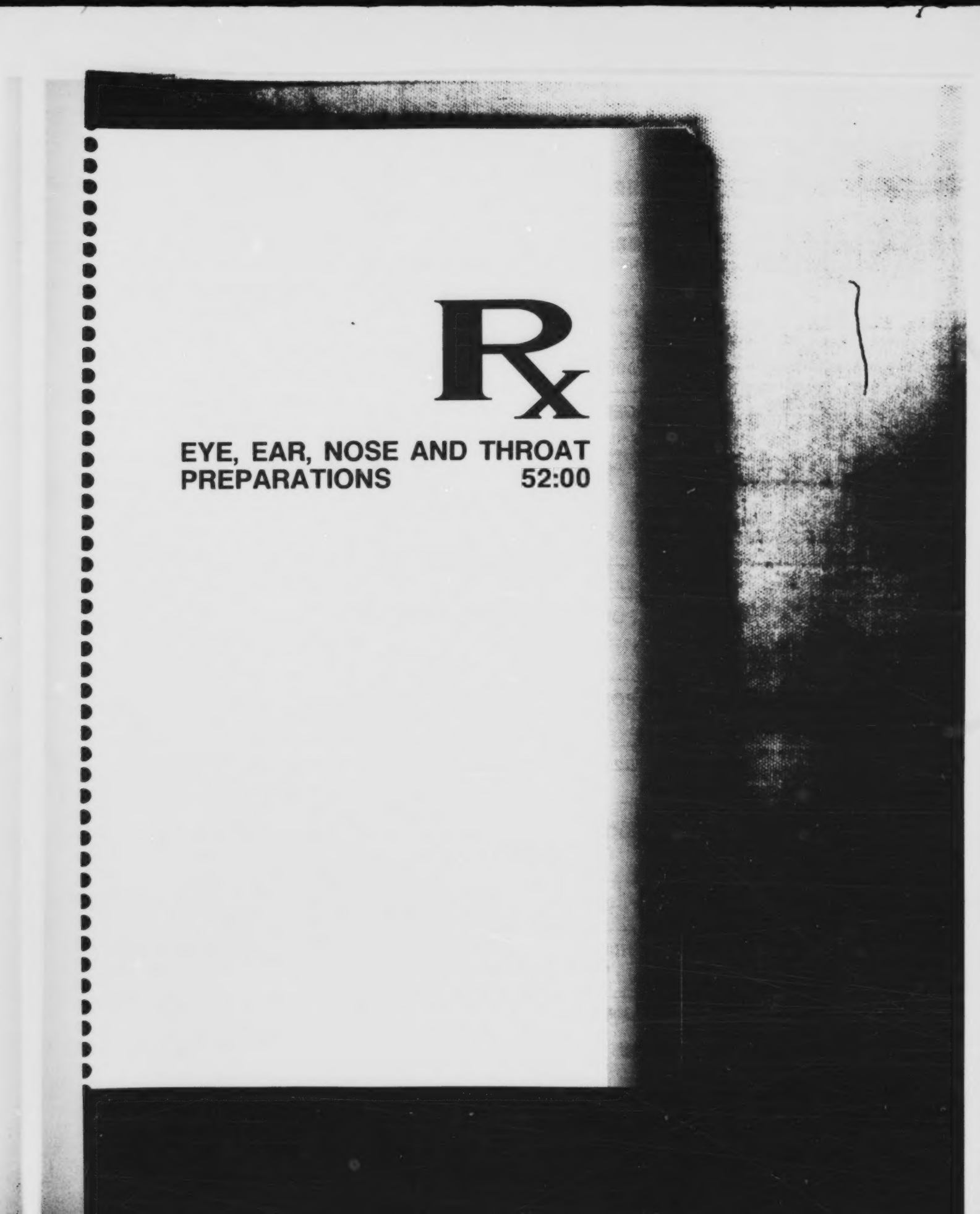
48:00 COUGH PREPARATIONS

48:08.00 EXPECTORANTS

ACETYLCYSTEINE

20% AEROSOL SOLUTION (30ML)

606235	MUCOMYST	BRI



EYE, EAR, NOSE AND THROAT PREPARATIONS 52:00

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

FRAMYCETIN SO4

0.5% OPHTHALMIC SOLUTION

026921	SOFRAMYCIN	ROU

0.5% OPHTHALMIC OINTMENT (5G)

026964	SOFRAMYCIN	ROU

GENTAMICIN SO4

TOPICAL GENTAMICIN SHOULD BE RESERVED FOR THERAPY OF SERIOUS INFECTIONS INSUSCEPTIBLE TO OTHER AGENTS SINCE RESISTANT ORGANISMS CAN DEVELOP.

• 5MG/ML OPHTHALMIC SOLUTION

436771	ALCOMICIN	ALC
512192	GARAMYCIN	SCH

5MG/ML OTIC SOLUTION

512184	GARAMYCIN	SCH

5MG/G OPHTHALMIC OINTMENT (3.5G)

028339	GARAMYCIN	SCH

POLYMYXIN B SO4/NEOMYCIN SO4/BACITRACIN(ZINC)

10,000U/5MG/400U PER G OPHTHALMIC OINTMENT (3.5G)

522422	NEOSPORIN	BWE

POLYMYXIN B SO4/NEOMYCIN SO4/GRAMICIDIN

10,000U/2.5MG/0.025MG PER ML EYE/EAR SOLUTION

694371	NEOSPORIN	BWE

52:04.06 ANTI-INFECTIVES (ANTIVIRALS)

IDOXURIDINE

• 0.1% OPHTHALMIC SOLUTION

001120	HERPLEX	ALL
027014	STOXIL	SKF

0.5% OPHTHALMIC OINTMENT (4G)

027200	STOXIL	SKF

TRIFLURIDINE

1% OPHTHALMIC SOLUTION

589055	VIROPTIC	BWE

CONTINUED

EYE, EAR, NOSE AND THROAT 52:00 PREPARATIONS

ANTI-INFECTIVES (ANTIVIRALS) 52:04.06

CONTINUED

VIDARABINE

3% OPHTHALMIC OINTMENT (3.5G)

381780	VIRA A	PDA	

ANTI-INFECTIVES (SULFONAMIDES) 52:04.08

SULFACETAMIDE (SODIUM)

• 10% OPHTHALMIC SOLUTION

000965	ISOPTO CETAMIDE	ALC	$ 0.0622 •
001287	BLEPH-10	ALL	
028053	SODIUM SULAMYD	SCH	

• 10% OPHTHALMIC OINTMENT (3.5G)

252522	CETAMIDE	ALC	
028347	SODIUM SULAMYD	SCH	

ANTI-INFECTIVES (MISCELLANEOUS) 52:04.12

ALUMINUM ACETATE/BENZETHONIUM CHLORIDE

0.5%/0.03% OTIC SOLUTION

674222	BURO-SOL-OTIC	TCD	

ANTI-INFLAMMATORY AGENTS 52:08.00

BECLOMETHASONE DIPROPIONATE

• 50MCG/DOSE NASAL SPRAY(PACKAGE)

422053	VANCENASE	SCH	
359688	BECONASE	AHA	

50MCG/DOSE AQUEOUS NASAL SPRAY (PACKAGE)

638617	BECONASE AQ.SPRAY	AHA	

BETAMETHASONE DISODIUM PHOSPHATE

0.1% OPHTHALMIC/OTIC SOLUTION

012173	BETNESOL	GLA	

CONTINUED

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:08.00 ANTI-INFLAMMATORY AGENTS
CONTINUED

DEXAMETHASONE

0.1% OPHTHALMIC SOLUTION

042560	MAXIDEX	ALC

• 0.1% OPHTHALMIC/OTIC SOLUTION

627763	AK-DEK	AKN
016217	DECADRON	MSD

0.1% OPHTHALMIC OINTMENT (3.5G)

042579	MAXIDEX	ALC

FLUNISOLIDE

0.025% NASAL SOLUTION

421456	RHINALAR	SYP

FLUOROMETHOLONE

0.1% OPHTHALMIC SUSPENSION

247855	FML	ALL

METHYLPREDNISOLONE

0.1% OPHTHALMIC/OTIC SOLUTION

030791	MEDROL	UPJ

PREDNISOLONE ACETATE

0.12% OPHTHALMIC SUSPENSION

299405	PRED MILD	ALL

• 1.0% OPHTHALMIC SUSPENSION

622931	AK-TATE	AKN
700401	OPHTHO-TATE	KNR
301175	PRED FORTE	ALL

PREDNISOLONE SODIUM PHOSPHATE

0.125% OPHTHALMIC SOLUTION

756172	INFLAMASE	IOL

1% OPHTHALMIC SOLUTION

756164	INFLAMASE FORTE	IOL

COMBINATION ANTI-INFECTIVE/ ANTI-INFLAMMATORY AGENTS 52:08.00

COLISTIN BASE/NEOMYCIN BASE/ HYDROCORTISONE ACETATE

3MG/3.3MG/10MG PER ML OTIC SUSPENSION

476439	COLY-MYCIN OTIC	PDA

FRAMYCETIN SO4/GRAMICIDIN/DEXAMETHASONE BASE

5MG/50MCG/0.5MG PER ML EYE/EAR SOLUTION

228052	SOFRACORT	ROU

5MG/50MCG/0.5MG PER G EYE/EAR OINTMENT (5G)

173606	SOFRACORT	ROU

GENTAMICIN SO4/BETAMETHASONE SODIUM PHOSPHATE

0.3%/0.1% OPHTHALMIC OINTMENT (3.5G)

586706	GARASONE	SCH

0.3%/0.1% OTIC/OPHTHALMIC SOLUTION

682217	GARASONE	SCH

0.3%/0.1% OTIC DROPS

614270	GARASONE	SCH

IODOCHLORHYDROXYQUIN/FLUMETHASONE PIVALATE

1%/0.02% OTIC SOLUTION

074454	LOCACORTEN-VIOFORM	CIB

NEOMYCIN SO4/DEXAMETHASONE (BASE EQ.)

5MG/1MG PER ML EYE/EAR SOLUTION

140732	NEODECADRON	MSD

NEOMYCIN SO4/HYDROCORTISONE ACETATE

5MG/15MG PER ML EYE/EAR SUSPENSION

194948	NEO-CORTEF	UPJ

5MG/5MG PER G EYE/EAR OINTMENT (3G)

194883	NEO-CORTEF	UPJ

5MG/15MG PER G EYE/EAR OINTMENT (3G)

194921	NEO-CORTEF	UPJ

CONTINUED

52:08.00 COMBINATION ANTI-INFECTIVE/ ANTI-INFLAMMATORY AGENTS CONTINUED

POLYMYXIN B SO4/BACITRACIN (ZINC)/ NEOMYCIN SO4/HYDROCORTISONE

10000U/400U/5MG/10MG PER G OPHTHALMIC OINTMENT (3.5G)

520322	CORTISPORIN	BWE

POLYMYXIN B SO4/NEOMYCIN SO4/DEXAMETHASONE

6,000U/5MG/1MG PER ML OPHTHALMIC SOLUTION

042676	MAXITROL	ALC

6,000U/5MG/1MG PER G OPHTHALMIC OINTMENT (3.5G)

358177	MAXITROL	ALC

POLYMYXIN B SO4/NEOMYCIN SO4/ FLUOCINOLONE ACETONIDE

10,000U/5MG/0.25MG PER ML OTIC SOLUTION

189499	SYNALAR BI-OTIC	SYP

POLYMYXIN B SO4/NEOMYCIN SO4/HYDROCORTISONE

10,000U/5MG/10MG PER ML OPHTHALMIC SUSPENSION

243140	CORTISPORIN	BWE

10,000U/5MG/10MG PER ML OTIC SUSPENSION

694401	CORTISPORIN	BWE

SULFACETAMIDE SODIUM/BETAMETHASONE SODIUM PHOSPHATE

100MG/1MG PER ML OPHTHALMIC SUSPENSION

575194	CELESTONE-S	SCH

SULFACETAMIDE SODIUM/NEOMYCIN SO4/ PREDNISOLONE ACETATE

100MG/2.5MG/5MG PER G OPHTHALMIC OINTMENT (3.5G)

177121	METIMYD	SCH

CONTINUED

COMBINATION ANTI-INFECTIVE/ ANTI-INFLAMMATORY AGENTS 52:08.00 CONTINUED

SULFACETAMIDE SODIUM/PREDNISOLONE ACETATE

100MG/2.5MG PER ML OPHTHALMIC SUSPENSION

042633	ISOPTO CETAPRED	ALC	

• 100MG/5MG PER ML OPHTHALMIC SUSPENSION

630640	AK-CIDE	AKN	
177024	METIMYD	SCH	

100MG/2.5MG PER G OPHTHALMIC OINTMENT (3.5G)

042625	CETAPRED	ALC	

CARBONIC ANHYDRASE INHIBITORS 52:10.00

ACETAZOLAMIDE

• 250MG TABLET

488275	NOVOZOLAMIDE	NOP	$ 0.0245 •
545015	APO-ACETAZOLAMIDE	APX	
295019	ACETAZOLAM	ICN	
014907	DIAMOX	LED	

500MG SUSTAINED RELEASE CAPSULE

127930	DIAMOX SEQUELS	LED	

METHAZOLAMIDE

50MG TABLET

127949	NEPTAZANE	LED	

MIOTICS 52:20.00

CARBACHOL

1.5% OPHTHALMIC SOLUTION

000655	ISOPTO CARBACHOL	ALC	

3% OPHTHALMIC SOLUTION

000663	ISOPTO CARBACHOL	ALC	

CONTINUED

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:20.00 MIOTICS
CONTINUED

ECHOTHIOPHATE IODIDE

0.06% OPHTHALMIC SOLUTION

052817	PHOSPHOLINE IODIDE	AYE

0.125% OPHTHALMIC SOLUTION

002313	PHOSPHOLINE IODIDE	AYE

0.25% OPHTHALMIC SOLUTION

002348	PHOSPHOLINE IODIDE	AYE

PILOCARPINE HCL

4% OPHTHALMIC GEL (5G)

575240	PILOPINE-HS	ALC

0.5% OPHTHALMIC SOLUTION

000833	ISOPTO CARPINE	ALC

** 1% OPHTHALMIC SOLUTION*

759945	MIOCARPINE	IOL
000841	ISOPTO CARPINE	ALC
725404	SPERSACARPINE	DPA

** 2% OPHTHALMIC SOLUTION*

759961	MIOCARPINE	IOL
000868	ISOPTO CARPINE	ALC
725412	SPERSACARPINE	DPA

3% OPHTHALMIC SOLUTION

725420	SPERSACARPINE	DPA

** 4% OPHTHALMIC SOLUTION*

760099	MIOCARPINE	IOL
000884	ISOPTO CARPINE	ALC
725439	SPERSACARPINE	DPA

** 6% OPHTHALMIC SOLUTION*

759953	MIOCARPINE	IOL
000892	ISOPTO CARPINE	ALC

PILOCARPINE HCL/EPINEPHRINE BITARTRATE

1%/1% OPHTHALMIC SOLUTION

760021	E-PILO 1	IOL

2%/1% OPHTHALMIC SOLUTION

759996	E-PILO 2	IOL

4%/1% OPHTHALMIC SOLUTION

760013	E-PILO 4	IOL

6%/1% OPHTHALMIC SOLUTION

760005	E-PILO 6	IOL

MYDRIATICS 52:24.00

ATROPINE SO4

• 1% OPHTHALMIC SOLUTION

725498	ATROPINE	DPA
035017	ISOPTO ATROPINE	ALC
759929	ATROPISOL	IOL

DIPIVEFRIN HCL

0.1% OPHTHALMIC SOLUTION

529117	PROPINE	ALL

EPINEPHRINE HCL

• 1% OPHTHALMIC SOLUTION

001104	EPIFRIN	ALL
358231	GLAUCON	ALC

• 2% OPHTHALMIC SOLUTION

001112	EPIFRIN	ALL
358223	GLAUCON	ALC

EPINEPHRYL BORATE

1% OPHTHALMIC SOLUTION

000736	EPINAL	ALC

HOMATROPINE HYDROBROMIDE

2% OPHTHALMIC SOLUTION

000779	ISOPTO HOMATROPINE	ALC

5% OPHTHALMIC SOLUTION

000787	ISOPTO HOMATROPINE	ALC

E.E.N.T. (OTHER) 52:36.00

BETAXOLOL HCL

0.5% OPHTHALMIC SOLUTION

695688	BETOPTIC	ALC

LEVOBUNOLOL HCL

0.5% OPHTHALMIC SOLUTION

637661	BETAGAN	ALL

CONTINUED

52:00 EYE, EAR, NOSE AND THROAT PREPARATIONS

52:36.00 E.E.N.T. (OTHER)

CONTINUED

SODIUM CROMOGLYCATE

10MG/CARTRIDGE NASAL INSUFFLATE

328944	RYNACROM	FIS

2% NASAL METERED DOSE MIST (PACKAGE)

605255	RYNACROM	FIS

2% OPHTHALMIC SOLUTION

394300	OPTICROM	FIS

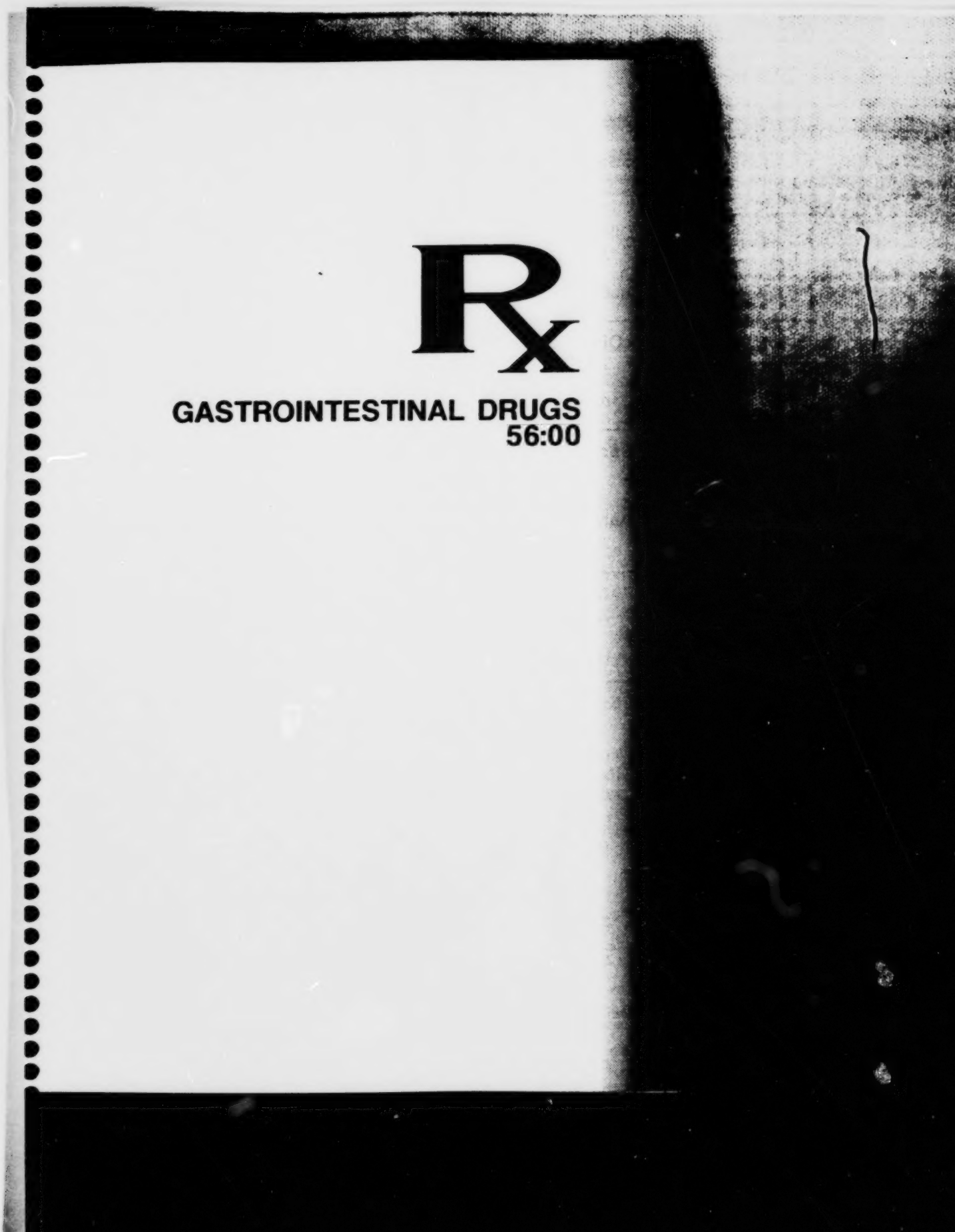
TIMOLOL MALEATE

0.25% OPHTHALMIC SOLUTION

451193	TIMOPTIC	MSD

0.5% OPHTHALMIC SOLUTION

451207	TIMOPTIC	MSD


Rx
GASTROINTESTINAL DRUGS
56:00

56:00 GASTROINTESTINAL DRUGS

56:08.00 ANTIDIARRHEA AGENTS

DIPHENOXYLATE HCL ®

2.5MG TABLET

399345	LOMOTIL	SEA

0.5MG/ML ORAL SOLUTION

399353	LOMOTIL	SEA

LOPERAMIDE HCL

2MG CAPSULE

579343	IMODIUM	JAN

0.2MG/ML ORAL SOLUTION

610062	IMODIUM	JAN

56:16.00 DIGESTANTS

PANCREATIC ENZYMES

300MG CAPSULE

263818	COTAZYM	ORG

PANCREATIN

325MG TABLET

651680	VIOKASE	ROB

ORAL POWDER

651672	VIOKASE	ROB

56:20.00 EMETICS & ANTI-EMETICS

DIMENHYDRINATE

• 50MG TABLET

363766	APO-DIMENHYDRINATE	APX	$ 0.0099 •
021423	NOVODIMENATE	NOP	
238678	TRAVELTAB	SDR	
272671	TRAVAMINE	ICN	
586331	PMS-DIMENHYDRINATE	PMS	
013803	GRAVOL	HOR	

3MG/ML ORAL LIQUID

230197 TP	GRAVOL	HOR	

• 50MG/ML INJECTION SOLUTION (5ML)

511994	DIMENHYDRINATE	SQU	
013579	GRAVOL	HOR	

CONTINUED
DIMENHYDRINATE

DIMENHYDRINATE

50MG SUPPOSITORY		
013595	GRAVOL	HOR
100MG SUPPOSITORY		
013609	GRAVOL	HOR

MECLIZINE HCL

25MG TABLET		
220442	BONAMINE	PFI

SCOPOLAMINE

1.5MG TRANSDERMAL THERAPEUTIC SYSTEM		
550094	TRANSDERM-V	CIB

MISCELLANEOUS GASTROINTESTINAL DRUGS 56:40.00

CIMETIDINE

• *200MG TABLET*			
582409	NOVOCIMETINE	NOP	$ 0.0345 •
584215	APO-CIMETIDINE	APX	
546232	PEPTOL	HOR	
563560	TAGAMET	SKF	
• *300MG TABLET*			
582417	NOVOCIMETINE	NOP	$ 0.0522 •
487872	APO-CIMETIDINE	APX	
546240	PEPTOL	HOR	
397474	TAGAMET	SKF	
• *400MG TABLET*			
603678	NOVOCIMETINE	NOP	$ 0.0733 •
568449	PEPTOL	HOR	
600059	APO-CIMETIDINE	APX	
563579	TAGAMET	SKF	
• *600MG TABLET*			
600067	APO-CIMETIDINE	APX	$ 0.0877 •
603686	NOVOCIMETINE	NOP	
584282	PEPTOL	HOR	
563587	TAGAMET	SKF	
60MG/ML ORAL LIQUID			
397482	TAGAMET	SKF	

CONTINUED

56:00 GASTROINTESTINAL DRUGS

56:40.00 MISCELLANEOUS GASTROINTESTINAL DRUGS CONTINUED

FAMOTIDINE

20MG TABLET

710121	PEPCID	MSD	

40MG TABLET

710113	PEPCID	MSD	

MISOPROSTOL

200MG TABLET

632600	CYTOTEC	SEA	

RANITIDINE

* *150MG TABLET*

733059	APO-RANITIDINE	APX	$ 0.6438 *
553379	ZANTAC	GLA	

* *300MG TABLET*

733067	APO-RANITIDINE	APX	$ 1.2654 *
641790	ZANTAC	GLA	

SUCRALFATE

1G TABLET

506346	SULCRATE	NRD	

SULFASALAZINE (SALICYLAZOSULFAPYRIDINE)

* *500MG TABLET*

685933	SULFASALAZINE	KNR	$ 0.0624 *
024856	SALAZOPYRIN	PHD	
598461	PMS-SULFASALAZINE	PMS	
263869	S.A.S. 500	ICN	

* *500MG ENTERIC TABLET*

445126	S.A.S. 500	ICN	$ 0.0946 *
685925	SULFASALAZINE	KNR	
158526	SALAZOPYRIN	PHD	
598488	PMS-SULFASALAZINE	PMS	

5-AMINOSALICYLIC ACID

400MG ENTERIC COATED TABLET

634557	ASACOL	NOW	

GOLD COMPOUNDS
60:00

60:00 GOLD COMPOUNDS

60:00.00 GOLD COMPOUNDS

AURANOFIN

AURANOFIN SHOULD BE CONSIDERED ONLY WHEN SALICYLATES OR OTHER NON-STEROIDAL ANTI-INFLAMMATORY DRUGS, AND, WHEN APPROPRIATE, STEROIDS, HAVE PROVEN TO BE INADEQUATE FOR CONTROLLING THE SYMPTOMS OF RHEUMATOID ARTHRITIS. PHYSICIANS PLANNING TO USE AURANOFIN SHOULD BE EXPERIENCED WITH CHRYSOTHERAPY AND SHOULD THOROUGHLY FAMILIARIZE THEMSELVES WITH THE TOXICITY AND BENEFITS OF AURANOFIN. ADVERSE REACTIONS WERE REPORTED IN 62% OF 4,784 PATIENTS TREATED WITH AURANOFIN. MOST COMMON WERE DIARRHEA (47%), RASH (24%),PRURITIS (17%), ABDOMINAL PAIN (14%) AND STOMATITIS (13%). POTENTIALLY SERIOUS ADVERSE REACTIONS WERE ANEMIA (1.6%), LEUKOPENIA (1.9%), THROMBOCYTOPENIA (0.9%) AND PROTEINUREA (5.0%).

3MG CAPSULE

600733	RIDAURA	SKF

SODIUM AUROTHIOMALATE

10MG/ML INJECTION SOLUTION (1ML)

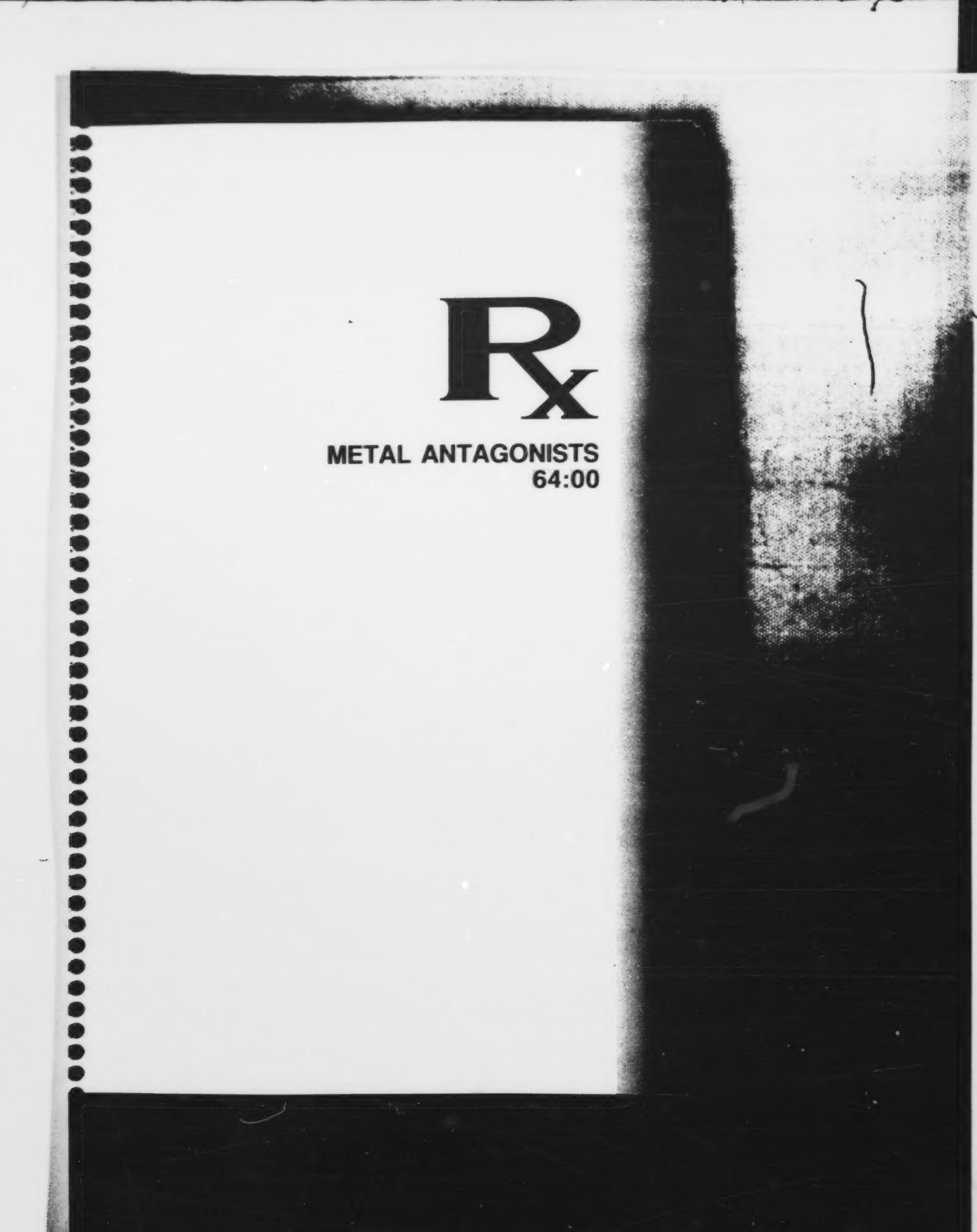
025062	MYOCHRYSINE	RPP

25MG/ML INJECTION SOLUTION (1ML)

025070	MYOCHRYSINE	RPP

50MG/ML INJECTION SOLUTION (1ML)

025089	MYOCHRYSINE	RPP


Rx
METAL ANTAGONISTS
64:00

64:00 METAL ANTAGONISTS

64:00.00 METAL ANTAGONISTS

PENICILLAMINE

125MG CAPSULE

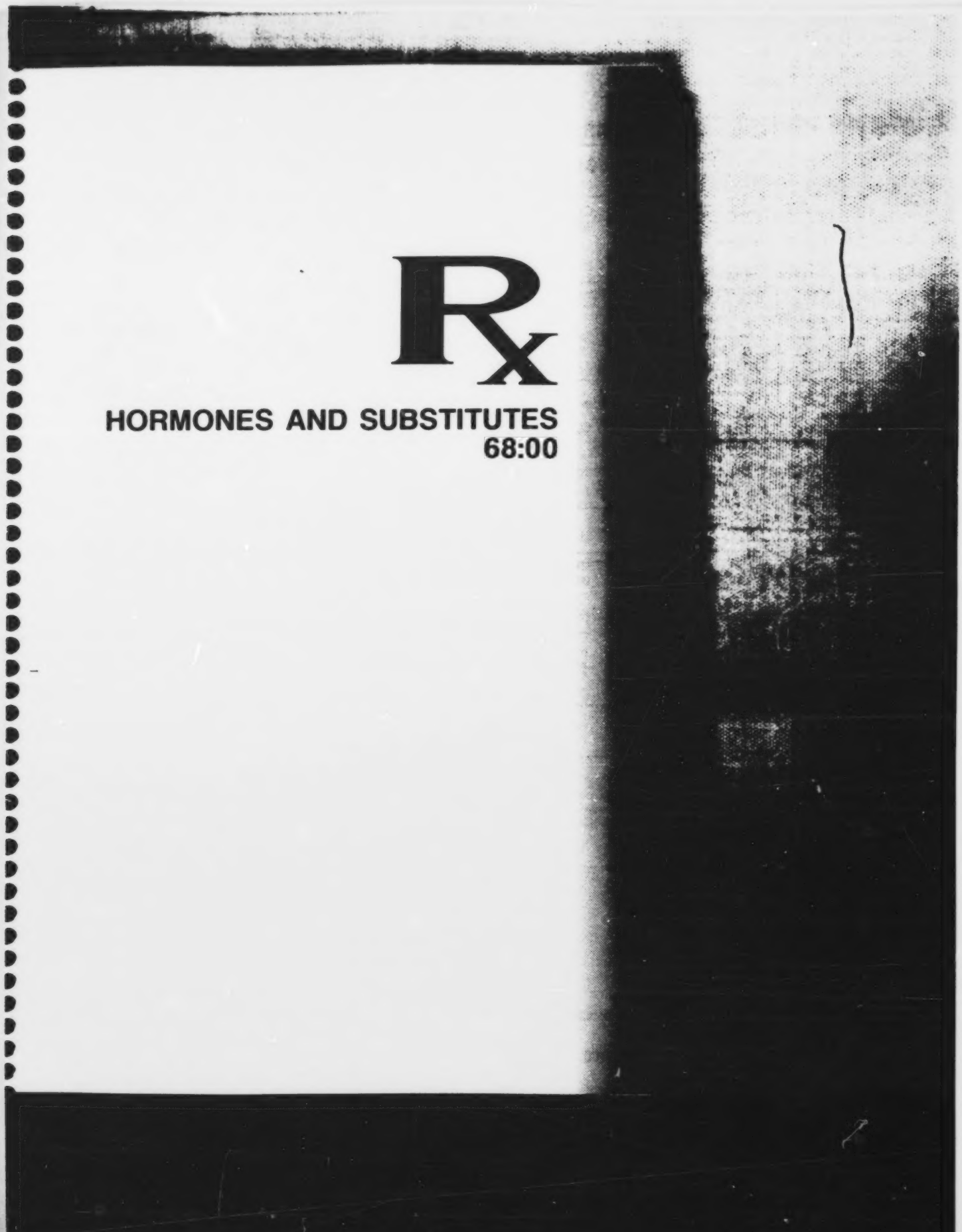
497894	CUPRIMINE	MSD

250MG CAPSULE

016055	CUPRIMINE	MSD

250MG TABLET

511641	DEPEN	HOR



HORMONES AND SUBSTITUTES
68:00

68:00 HORMONES AND SUBSTITUTES

68:04.00 CORTICOSTEROIDS

COMPARABLE ANTI-INFLAMMATORY ACTIVITY OF ORAL CORTICOSTEROIDS
(MINERALCORTICOID ACTIVITY NOT COMPARABLE)

DURATION OF ACTION	PRODUCT	COMPARABLE ANTI-INFLAMMATORY DOSE
SHORT ACTING	– CORTISONE	25 mg
	– HYDROCORTISONE	20 mg
	– PREDNISONE	5 mg
	– METHYLPREDNISOLONE	4 mg
INTERMEDIATE ACTING	– TRIAMCINOLONE	4 mg
LONG ACTING	– DEXAMETHASONE	0 75 mg
	– BETAMETHASONE	0 6 mg

THESE CLASSIFICATIONS ARE IMPORTANT CONSIDERATIONS IN ALTERNATE DAY STEROID THERAPY

COMPARABLE ANTI-INFLAMMATORY ACTIVITY OF SOLUBLE INJECTABLE CORTICOSTEROIDS

PRODUCT	% ACTIVE BASE	COMPARABLE ANTI-INFLAMMATORY DOSE
HYDROCORTISONE SODIUM SUCCINATE –	74 8	100 mg
METHYLPREDNISOLONE SODIUM SUCCINATE	75 4	20 mg
DEXAMETHASONE 21 PHOSPHATE	76 1	4 mg

BECLOMETHASONE DIPROPIONATE

100MCG/AEROSOL POWDER CAPSULE

545325	BECLOVENT ROTACAPS	AHA

200MCG/AEROSOL POWDER CAPSULE

545333	BECLOVENT ROTACAPS	AHA

• 50MCG/INHALATION AEROSOL (PACKAGE)

374407	VANCERIL INHALER	SCH
334243	BECLOVENT INHALER	AHA

BETAMETHASONE

• 0.5MG TABLET

012211	BETNELAN	GLA
028185	CELESTONE	SCH

BETAMETHASONE ACETATE/ BETAMETHASONE SODIUM PHOSPHATE

3MG/3MG PER ML INJECTION SUSPENSION (1ML)

028096	CELESTONE SOLUSPAN	SCH

CORTISONE ACETATE

5MG TABLET

016438	CORTONE	MSD

• 25MG TABLET

280437	CORTISONE	ICN
249963	CORTISONE	UPJ
016446	CORTONE	MSD

DEXAMETHASONE

• 0.5MG TABLET

295094	DEXASONE	ICN
501050	DERONIL	SCH
016462	DECADRON	MSD

• 0.75MG TABLET

501069	DERONIL	SCH
285471	DEXASONE	ICN

DEXAMETHASONE 21-PHOSPHATE

• 4MG/ML INJECTION SOLUTION (5ML)

664227	DEXAMETHASONE SOD PHO INJ	SIL
643122	DEXAMETHAZONE SOD PHO INJ	HOR
269026	ORADEXON	ORG
213624	DECADRON	MSD

CONTINUED

68:00 HORMONES AND SUBSTITUTES

68:04.00 CORTICOSTEROIDS

CONTINUED

FLUDROCORTISONE ACETATE

0.1MG TABLET

029351	FLORINEF	SQU	

FLUNISOLIDE

250MCG/INHALATION AEROSOL (PACKAGE)

588997	BRONALIDE	SYP	

HYDROCORTISONE

10MG TABLET

030910	CORTEF	UPJ	

20MG TABLET

030929	CORTEF	UPJ	

HYDROCORTISONE SODIUM SUCCINATE

100MG INJECTION POWDER

030600	SOLU-CORTEF	UPJ	

250MG INJECTION POWDER

030619	SOLU-CORTEF	UPJ	

METHYLPREDNISOLONE

4MG TABLET

030988	MEDROL	UPJ	

16MG TABLET

036129	MEDROL	UPJ	

METHYLPREDNISOLONE ACETATE

40MG/ML INJECTION SUSPENSION (1ML)

030759	DEPO-MEDROL	UPJ	

80MG/ML INJECTION SUSPENSION (1ML)

030767	DEPO-MEDROL	UPJ	

PREDNISONE

• 1MG TABLET

271373	WINPRED	ICN	$ 0.0196 •
598194	APO-PREDNISONE	APX	

• 5MG TABLET

312770	APO-PREDNISONE	APX	$ 0.0089 •
021695	NOVOPREDNISONE	NOP	
610623	PREDNISONE	KNR	
210188	DELTASONE	UPJ	
271381	WINPRED	ICN	

CONTINUED
PREDNISONE

PREDNISONE

• 50MG TABLET		
550957	APO-PREDNISONE	APX
232378	NOVOPREDNISONE	NOP
252417	DELTASONE	UPJ

TRIAMCINOLONE

2MG TABLET		
015016	ARISTOCORT	LED
• 4MG TABLET		
015024	ARISTOCORT	LED
029475	KENACORT	SQU

TRIAMCINOLONE ACETONIDE

10MG/ML INJECTION SUSPENSION (5ML)		
460761	KENALOG 10	SQU
40MG/ML INJECTION SUSPENSION (1ML)		
029300	KENALOG 40	SQU

ANDROGENS 68:08.00

DANAZOL

50MG CAPSULE		
491764	CYCLOMEN	WIN
100MG CAPSULE		
358754	CYCLOMEN	WIN
200MG CAPSULE		
358762	CYCLOMEN	WIN

METHYLTESTOSTERONE

10MG TABLET		
005622	METANDREN	CIB
25MG TABLET		
005630	METANDREN	CIB
10MG SUBLINGUAL TABLET		
005746 TP	METANDREN	CIB
25MG SUBLINGUAL TABLET		
005754 TP	METANDREN	CIB

TESTOSTERONE CYPIONATE

100MG/ML OILY INJECTION SOLUTION (1ML)		
030783	DEPO-TESTOSTERONE	UPJ

CONTINUED

68:00 HORMONES AND SUBSTITUTES

68:08.00 ANDROGENS

CONTINUED

TESTOSTERONE ENANTHATE

200MG/ML OILY INJECTION SOLUTION (5ML)

029246	DELATESTRYL	SQU

68:12.00 CONTRACEPTIVES

ETHINYL ESTRADIOL/D-NORGESTREL

0.03MG/0.05MG(6)0.04MG/0.075MG(5)
0.03MG/0.125MG(10) (21 TABLET)

579386	TRIPHASIL	WYE

0.03MG/0.05MG(6)0.04MG/0.075MG(5)
0.03MG/0.125MG(10) (28 TABLET)

586609	TRIPHASIL	WYE

0.03MG/0.15MG (21 TABLET)

300640	MIN-OVRAL	WYE

0.03MG/0.15MG (28 TABLET)

342815	MIN-OVRAL	WYE

0.05MG/0.25MG (21 TABLET)

034207	OVRAL	WYE

0.05MG/0.25MG (28 TABLET)

340766	OVRAL	WYE

ETHINYL ESTRADIOL/ETHYNODIOL DIACETATE

0.03MG/2MG (21 TABLET)

469327	DEMULEN 30	SEA

0.03MG/2MG (28 TABLET)

471526	DEMULEN 30	SEA

0.05MG/1MG (21 TABLET)

028630	DEMULEN 50	SEA

0.05MG/1MG (28 TABLET)

343536	DEMULEN 50	SEA

CONTINUED

ETHINYL ESTRADIOL/NORETHINDRONE

0.035MG/0.5MG (21 TABLET)

317047	ORTHO 0.5/35	ORT
373265	BREVICON	SYN

0.035MG/0.5MG (28 TABLET)

373273	BREVICON	SYN
340731	ORTHO 0.5/35	ORT

0.035MG/1MG (21 TABLET)

372846	ORTHO 1/35	ORT
531006	BREVICON 1/35	SYN

0.035MG/1MG (28 TABLET)

531014	BREVICON 1/35	SYN
372838	ORTHO 1/35	ORT

0.035MG/0.5MG (7) 0.035MG/0.75MG (7) 0.035/1.0MG (7) (21 TABLET)

602957	ORTHO 7/7/7	ORT

0.035MG/0.5MG (7) 0.035MG/0.75MG (7) 0.035MG/1.0MG (7) INERT TABLETS (7) (28 TABLET)

602965	ORTHO 7/7/7	ORT

0.035MG/0.5MG(10) 0.035MG/1MG(11) (21 TABLET)

538590	ORTHO 10/11	ORT

0.035MG/0.5MG(10) 0.035MG/1MG(11) (28 TABLET)

538582	ORTHO 10/11	ORT

0.035MG/0.5MG(7)0.035MG/1.0MG(9) 0.035MG/0.5MG(5) (21 TABLET)

620947	SYNPHASIC	SYN

0.035MG/0.5MG(7)0.035MG/1.0MG(9) 0.035MG/0.5MG(5) INERT TABLETS (7) (28 TABLET)

695734	SYNPHASIC	SYN

ETHINYL ESTRADIOL/NORETHINDRONE ACETATE

0.02MG/1MG (21 TABLET)

315966	MINESTRIN 1/20	PDA

0.02MG/1MG (28 TABLET)

343838	MINESTRIN 1/20	PDA

0.03MG/1.5MG (21 TABLET)

297143	LOESTRIN 1.5/30	PDA

0.03MG/1.5MG (28 TABLET)

353027	LOESTRIN 1.5/30	PDA

CONTINUED
ETHINYL ESTRADIOL/NORETHINDRONE ACETATE

68:00 HORMONES AND SUBSTITUTES

68:12.00 CONTRACEPTIVES

CONTINUED

ETHINYL ESTRADIOL/NORETHINDRONE ACETATE

0.05MG/1MG (21 TABLET)

024007	NORLESTRIN 1/50	PDA

0.05MG/1MG (28 TABLET)

340790	NORLESTRIN 1/50	PDA

0.05MG/2.5MG (21 TABLET)

024015	NORLESTRIN 2.5/50	PDA

0.05MG/2.5MG (28 TABLET)

340804	NORLESTRIN 2.5/50	PDA

MESTRANOL/ETHYNODIOL DIACETATE

0.1MG/0.5MG (21 TABLET)

028681	OVULEN 0.5	SEA

0.1MG/1MG (21 TABLET)

028703	OVULEN 1	SEA

MESTRANOL/NORETHINDRONE

➡*0.05MG/1MG (21 TABLET)*

022608	ORTHO-NOVUM 1/50	ORT
030333	NORINYL 1+50	SYN

➡*0.05MG/1MG (28 TABLET)*

340847	NORINYL 1+50	SYN
340758	ORTHO-NOVUM 1/50	ORT

➡*0.08MG/1MG (21 TABLET)*

030341	NORINYL 1+80	SYN
022659	ORTHO-NOVUM 1/80	ORT

0.08MG/1MG (28 TABLET)

340855	NORINYL 1+80	SYN

0.1MG/0.5MG (21 TABLET)

022632	ORTHO-NOVUM 0.5	ORT

➡*0.1MG/2MG (21 TABLET)*

030368	NORINYL 2	SYN
022640	ORTHO-NOVUM 2	ORT

0.1MG/2MG (28 TABLET)

340839	NORINYL 2	SYN

MESTRANOL/NORETHYNODREL

0.1MG/2.5MG (21 TABLET)

028665	ENOVID-E	SEA

0.075MG/5MG TABLET

028622	ENOVID-5	SEA

CONTINUED

NORETHINDRONE

0.35MG (28 TABLET)

037605	MICRONOR	ORT

ESTROGENS 68:16.00

CHLOROTRIANISENE

12MG CAPSULE

017965 T	TACE	MER

25MG CAPSULE

017973 T	TACE	MER

CONJUGATED ESTROGENS

0.3MG TABLET

002569	PREMARIN	AYE

0.625MG TABLET

587281	CONJUGATED ESTROGENS	PMS
265470	C.E.S.	ICN
002577	PREMARIN	AYE

0.9MG TABLET

403466	PREMARIN	AYE

1.25MG TABLET

587303	CONJUGATED ESTROGENS	PMS
265489	C.E.S.	ICN
002585	PREMARIN	AYE

2.5MG TABLET

002593	PREMARIN	AYE

0.625MG/G VAGINAL CREAM

002089	PREMARIN	AYE

DIENESTROL

0.1MG/G VAGINAL CREAM

441295	DIENESTROL	ORT

ESTRADIOL

1MG TABLET

464791	ESTRACE	BRI

2MG TABLET

464805	ESTRACE	BRI

CONTINUED

68:00 HORMONES AND SUBSTITUTES

68:16.00 ESTROGENS

CONTINUED

ESTRADIOL VALERATE

10MG/ML OILY INJECTION SUSPENSION (5ML)

029238	DELESTROGEN	SQU

ETHINYL ESTRADIOL

0.02MG TABLET

028215	ESTINYL	SCH

0.05MG TABLET

028223	ESTINYL	SCH

0.5MG TABLET

028231	ESTINYL	SCH

PIPERAZINE ESTRONE SO4

1.5MG TABLET

282685	OGEN	ABB

3MG TABLET

282677	OGEN	ABB

STILBOESTROL

0.1MG TABLET

003336	STILBOESTROL	AHA

0.5MG TABLET

003352	STILBOESTROL	AHA

1MG TABLET

003360	STILBOESTROL	AHA

5MG TABLET

003379	STILBOESTROL	AHA

STILBOESTROL SODIUM DIPHOSPHATE

100MG TABLET

013781	HONVOL	HOR

68:20.04 ANTI-DIABETIC DRUGS (INSULINS-MIXED SPECIES)

INSULIN (ISOPHANE)

➡*100U/ML INJECTION SUSPENSION (10ML)*

446572	NPH ILETIN	LIL
612235	NPH INSULIN	NOO

CONTINUED

INSULIN (LENTE)

100U/ML INJECTION SUSPENSION (10ML)

446580	LENTE ILETIN	LIL
612278	LENTE INSULIN	NOO

INSULIN (PROTAMINE ZINC)

100U/ML INJECTION SUSPENSION (10ML)

446610	PROTAMINE ZINC ILETIN	LIL
612219	PROTAMINE ZINC INSULIN	NOO

INSULIN (SEMILENTE)

100U/ML INJECTION SUSPENSION (10ML)

446602	SEMILENTE ILETIN	LIL
612251	SEMILENTE INSULIN	NOO

INSULIN (ULTRALENTE)

100U/ML INJECTION SUSPENSION (10ML)

446599	ULTRALENTE ILETIN	LIL
612243	ULTRALENTE INSULIN	NOO

INSULIN (ZINC CRYSTALLINE)

100U/ML INJECTION SOLUTION (10ML)

446564	REGULAR ILETIN	LIL
612227	INSULIN-TORONTO	NOO

ANTI-DIABETIC DRUGS (INSULINS-PORK) 68:20.04

INSULIN (ISOPHANE) PORK

100U/ML INJECTION SUSPENSION (10ML)

552275	INSULATARD	HOR
514551	NPH ILETIN II PORK	LIL

INSULIN (LENTE) PORK

100U/ML INJECTION SUSPENSION (10ML)

514535	LENTE ILETIN II, PORK	LIL

CONTINUED

68:00 HORMONES AND SUBSTITUTES

68:20.04 ANTI-DIABETIC DRUGS (INSULINS-PORK)

CONTINUED

INSULIN (ZINC CRYSTALLINE) PORK

➡100U/ML INJECTION SOLUTION (10ML)

552267	VELOSULIN	HOR
513644	REGULAR ILETIN II, PORK	LIL

100U/ML INJECTION SOLUTION (5X2ML)

723789	VELOSULIN	HOR

INSULIN (SULFATED)

100U/ML INJECTION SUSPENSION (10ML)

648094	SULFATED INSULIN	NOO

INSULIN (ZINC CRYSTALLINE/ISOPHANE) PORK

100U/ML INJECTION SUSPENSION 30%/70% (10ML)

552259	MIXTARD	HOR

100U/ML INJECTION SUSPENSION 50%/50% (10ML)

614416	INITARD	HOR

68:20.04 ANTI-DIABETIC DRUGS (INSULINS-HUMAN BIOSYNTHETIC)

INSULIN (ISOPHANE) HUMAN BIOSYNTHETIC

100U/ML INJECTION SUSPENSION (10ML)

587737	HUMULIN-N	LIL

INSULIN (LENTE) HUMAN BIOSYNTHETIC

100U/ML INJECTION SUSPENSION (10ML)

646148	HUMULIN-L	LIL

INSULIN (REGULAR) HUMAN BIOSYNTHETIC

100U/ML INJECTION SOLUTION (10ML)

586714	HUMULIN-R	LIL

68:20.04 ANTI-DIABETIC DRUGS (INSULINS-HUMAN SEMI-SYNTHETIC)

INSULIN (ISOPHANE) HUMAN SEMI-SYNTHETIC

➡100U/ML INJECTION SUSPENSION (10ML)

612197	NOVOLIN-NPH	NOO
632651	INSULATARD-HUMAN	HOR

CONTINUED

INSULIN (LENTE) HUMAN SEMI-SYNTHETIC

100U/ML INJECTION SUSPENSION (10ML)

612200	NOVOLIN-LENTE	NOO

INSULIN (REGULAR) HUMAN SEMI-SYNTHETIC

➡100U/ML INJECTION SOLUTION (10ML)

612189	NOVOLIN-TORONTO	NOO
632686	VELOSULIN-HUMAN	HOR

100U/ML INJECTION SOLUTION (5X1.5ML)

612189	NOVOLIN-TORONTO PENFILL	NOO

INSULIN (ULTRALENTE) HUMAN SEMI-SYNTHETIC

100U/ML INJECTION SUSPENSION (10ML)

644358	NOVOLIN-ULTRALENTE	NOO

INSULIN (ZINC CRYSTALLINE/ISOPHANE) HUMAN SEMI-SYNTHETIC

➡100U/ML INJECTION SUSPENSION 30%/70%/10ML)

650935	NOVOLIN-30/70	NOO
632694	MIXTARD HUMAN	HOR

100U/ML INJECTION SUSPENSION 50%/50%/10ML)

632678	INITARD HUMAN	HOR

ACETOHEXAMIDE

500MG TABLET

015598	DIMELOR	LIL	

CHLORPROPAMIDE

• 100MG TABLET

399302	APO-CHLORPROPAMIDE	APX	$ 0.0284 •
024708	DIABINESE	PFI	

• 250MG TABLET

312711	APO-CHLORPROPAMIDE	APX	$ 0.0295 •
021350	NOVOPROPAMIDE	NOP	
024716	DIABINESE	PFI	

CONTINUED

68:00 HORMONES AND SUBSTITUTES

68:20.08 ANTI-DIABETIC DRUGS (ORAL HYPOGLYCEMICS) CONTINUED

GLYBURIDE

• 2.5MG TABLET

454753	DIABETA	HOE	
720933	EUGLUCON	BMC	

• 5MG TABLET

720941	EUGLUCON	BMC	$ 0.1449 •
012599	DIABETA	HOE	

METFORMIN

500MG TABLET

314552	GLUCOPHAGE	NRD	

TOLBUTAMIDE

• 500MG TABLET

312762	APO-TOLBUTAMIDE	APX	$ 0.0295 •
021849	NOVOBUTAMIDE	NOP	
013889	MOBENOL	HOR	
012602	ORINASE	HOE	

68:28.00 PITUITARY AGENTS

CORTICOTROPIN

40U INJECTION POWDER

721085	ACTHAR	ROR	

COSYNTROPIN ZINC HYDROXIDE

1MG/ML INJECTION SUSPENSION (1ML)

253952	SYNACTHEN DEPOT	CIB	

68:32.00 PROGESTOGENS

HYDROXYPROGESTERONE CAPROATE

125MG/ML OILY INJECTION SOLUTION (2ML)

029211	DELALUTIN	SQU	

CONTINUED

MEDROXYPROGESTERONE ACETATE

5MG TABLET				
030937	TP	PROVERA	UPJ	
10MG TABLET				
729973		PROVERA	UPJ	
50MG/ML INJECTION SUSPENSION (5ML)				
030848		DEPO-PROVERA	UPJ	
100MG/ML INJECTION SUSPENSION (4ML)				
030856		DEPO-PROVERA	UPJ	

THYROIDS 68:36.00

LEVOTHYROXINE (SODIUM)

**0.05MG TABLET*				
012289		ELTROXIN	GLA	$ 0.0214 *
009652		SYNTHROID	FLI	
**0.1MG TABLET*				
012297	TP	ELTROXIN	GLA	$ 0.0263 *
009660	T	SYNTHROID	FLI	
**0.15MG TABLET*				
295582		ELTROXIN	GLA	$ 0.0291 *
212164		SYNTHROID	FLI	
**0.2MG TABLET*				
012300		ELTROXIN	GLA	$ 0.0308 *
009687		SYNTHROID	FLI	
**0.3MG TABLET*				
012319	TP	ELTROXIN	GLA	$ 0.0471 *
009695	T	SYNTHROID	FLI	

LIOTHYRONINE (SODIUM)

5MCG TABLET			
027081	CYTOMEL	SKF	
25MCG TABLET			
027103	CYTOMEL	SKF	

CONTINUED

68:00 HORMONES AND SUBSTITUTES

68:36.00 THYROIDS

CONTINUED

THYROID

15MG TABLET

483575	PROLOID	PDA

• *30MG TABLET*

023949	THYROID	PDA
483583	PROLOID	PDA

• *60MG TABLET*

023957	THYROID	PDA
483540	PROLOID	PDA

• *125MG TABLET*

023965	THYROID	PDA
483559	PROLOID	PDA

68:38.00 ANTI-THYROIDS

METHIMAZOLE

5MG TABLET

015741	TAPAZOLE	LIL

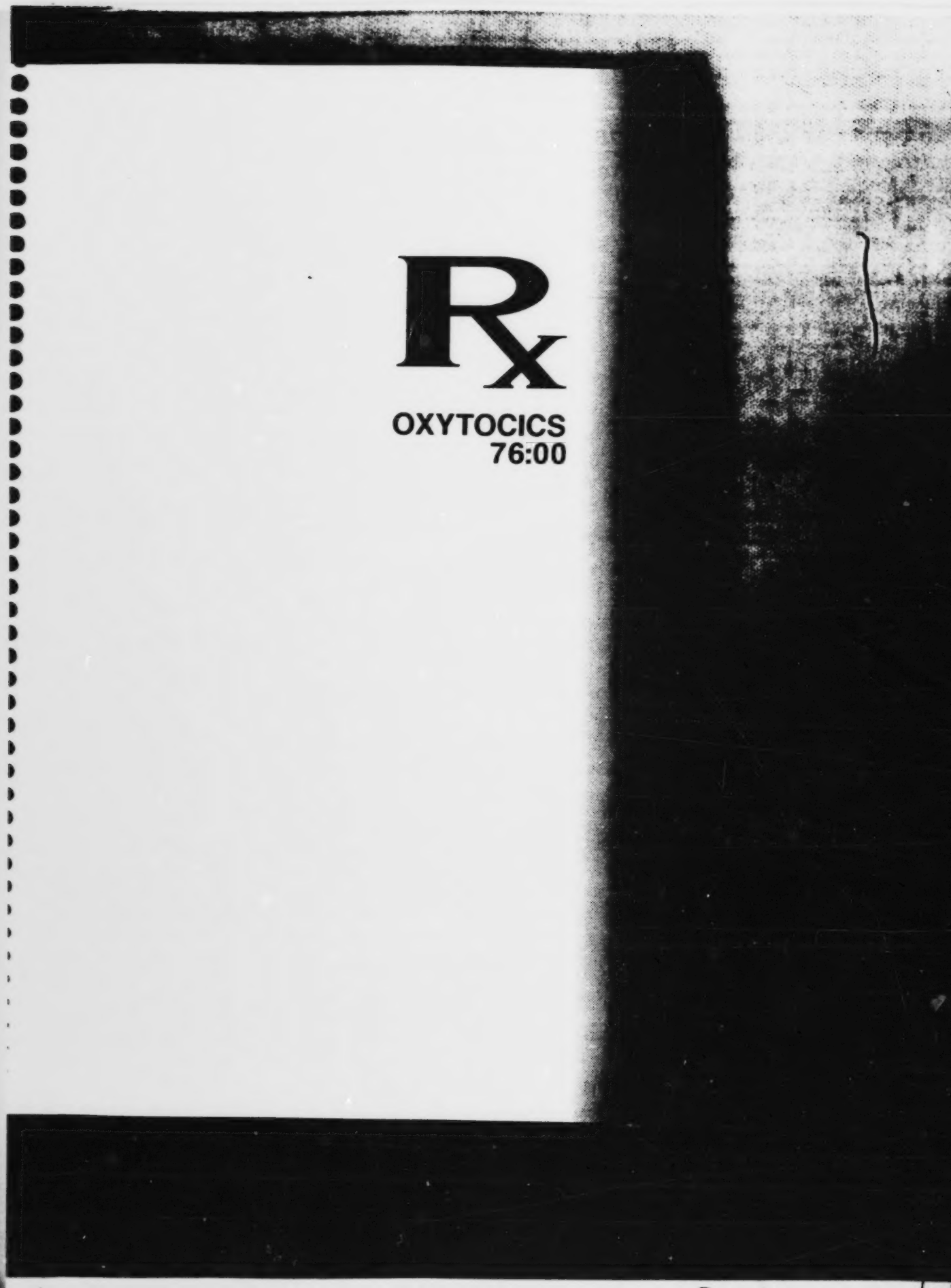
PROPYLTHIOURACIL

50MG TABLET

010200	PROPYL-THYRACIL	FRS

100MG TABLET

010219	PROPYL-THYRACIL	FRS


Rx
OXYTOCICS
76:00

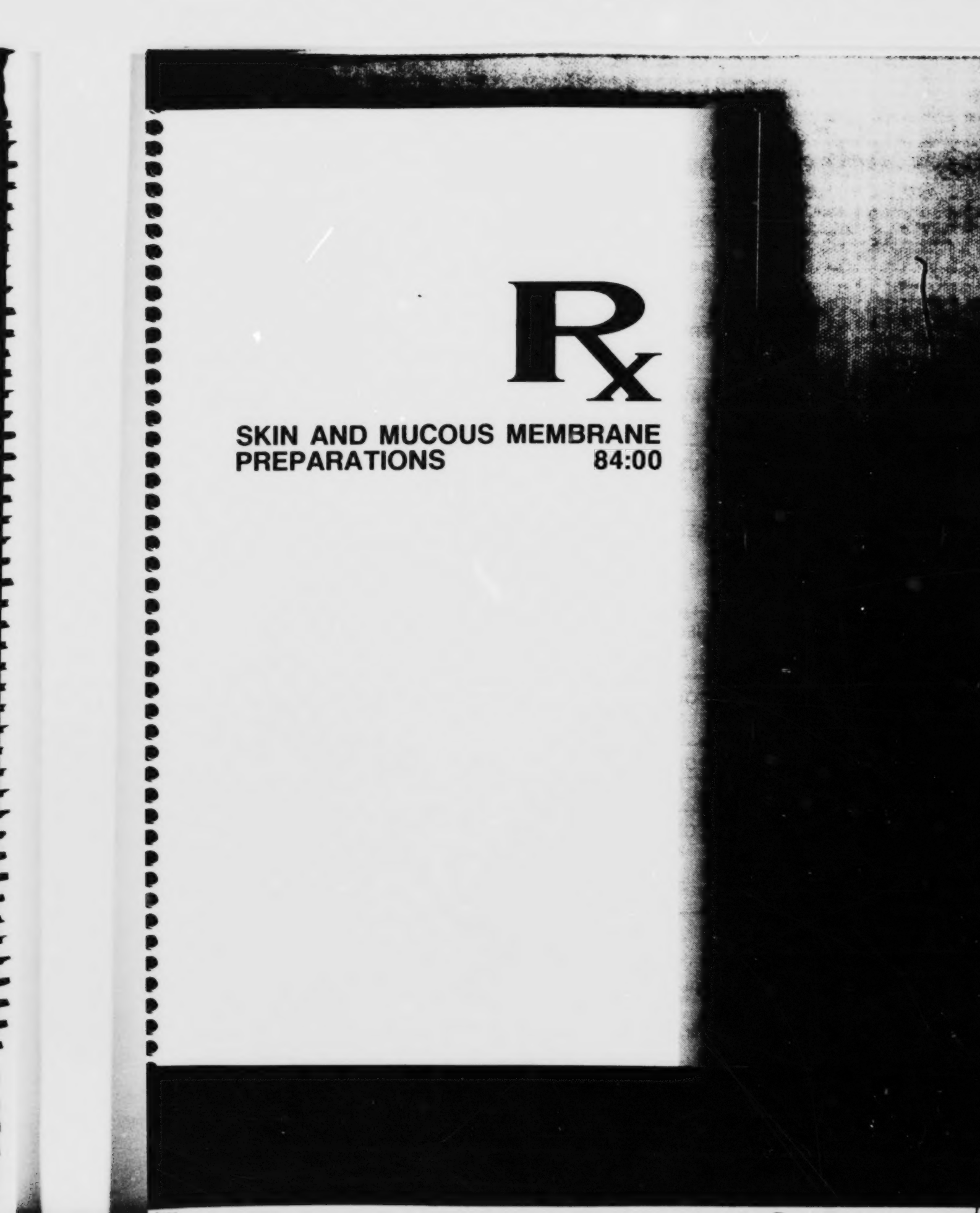
76:00 OXYTOCICS

76:00.00 OXYTOCICS

ERGONOVINE MALEATE

0.2MG TABLET

015709	ERGOTRATE	LIL


Rx
SKIN AND MUCOUS MEMBRANE
PREPARATIONS
84:00

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

NOTE: SEE INSERT THIS SECTION FOR GUIDE TO TOPICAL QUANTITIES IN DERMATOLOGY.

84:04.04 ANTI-INFECTIVES (ANTIBIOTICS)

ERYTHROMYCIN

1.5% TOPICAL LOTION

512591	STATICIN	WSD

FRAMYCETIN SO4

1% GAUZE (10CM X 10CM)

173533	SOFRA-TULLE	ROU

FUSIDIC ACID

2% TOPICAL CREAM

586668	FUCIDIN	LEO

NEOMYCIN SO4

0.5% TOPICAL OINTMENT

031070	MYCIGUENT	UPJ

500MG/ML TOPICAL SOLUTION

030813	MYCIFRADIN	UPJ

NEOMYCIN SO4/GRAMICIDIN

0.25%/0.025% TOPICAL OINTMENT

029548	SPECTROCIN	SQU

POLYMYXIN B SO4/NEOMYCIN SO4/BACITRACIN(ZINC)

5,000U/5MG/400U PER G TOPICAL OINTMENT

666122	NEOSPORIN	BWE

POLYMYXIN B SO4/NEOMYCIN SO4/GRAMICIDIN

10,000U/5MG/0.25MG PER G TOPICAL CREAM

666203	NEOSPORIN	BWE

SODIUM FUSIDATE

2% TOPICAL OINTMENT

586676	FUCIDIN	LEO

2% GAUZE PADS

586684	FUCIDIN	LEO

ANTI-INFECTIVES (FUNGICIDES) 84:04.08

CICLOPIROX OLAMINE

1% TOPICAL CREAM			
593362	LOPROX	HOE	

CLOTRIMAZOLE

• *100MG VAGINAL TABLET*			
516848	MYCLO	BOE	$ 1.8500 •
513946	CANESTEN	MLE	
200MG VAGINAL TABLET			
567388	CANESTEN-3	MLE	
500MG VAGINAL TABLET			
629243	CANESTEN-1	MLE	
• *1% TOPICAL CREAM*			
516805	MYCLO	BOE	
513903	CANESTEN	MLE	
• *1% TOPICAL SOLUTION*			
513911	CANESTEN	MLE	
516821	MYCLO	BOE	
• *1% VAGINAL CREAM*			
516813	MYCLO	BOE	$ 0.2220 •
513938	CANESTEN	MLE	
2% VAGINAL CREAM			
576492	CANESTEN-3	MLE	

ECONAZOLE NITRATE

150MG VAGINAL SUPPOSITORY			
452114	ECOSTATIN	SQU	
1% TOPICAL CREAM			
561002	ECOSTATIN	SQU	

MICONAZOLE NITRATE

100MG TAMPONS			
504203	MONISTAT-5	ORT	
100MG VAGINAL SUPPOSITORY			
387193	MONISTAT-7	ORT	
400MG VAGINAL SUPPOSITORY			
530999	MONISTAT-3	ORT	
400MG VAGINAL SUPPOSITORY/2% TOPICAL CREAM (COMBINATION PACKAGE)			
685917	MONISTAT 3 DUAL PAK	ORT	

CONTINUED
MICONAZOLE NITRATE

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:04.08 ANTI-INFECTIVES (FUNGICIDES)

CONTINUED

MICONAZOLE NITRATE

2% VAGINAL CREAM			
321036	MONISTAT-7	ORT	
**2% TOPICAL CREAM*			
326968	MICATIN	MCN	
497797	MONISTAT DERM	ORT	
2% TOPICAL LOTION			
471534	MICATIN	MCN	

NYSTATIN

**100,000U VAGINAL TABLET*			
015067	NILSTAT	LED	$ 0.1436 *
029491	MYCOSTATIN	SQU	
270091	NADOSTINE	NDA	
**100,000UIG TOPICAL CREAM*			
382639	NYADERM	TAR	
449792	NILSTAT	LED	
029092	MYCOSTATIN	SQU	
288217	NADOSTINE	NDA	
**100,000UIG TOPICAL OINTMENT*			
522864	NYADERM	TAR	
449806	NILSTAT	LED	
029556	MYCOSTATIN	SQU	
288195	NADOSTINE	NDA	
**25,000UIG VAGINAL CREAM*			
480819	NYADERM	TAR	
295973	MYCOSTATIN	SQU	
288209	NADOSTINE	NDA	
100,000UIG VAGINAL CREAM			
278793	NILSTAT	LED	

TIOCONAZOLE

10MG/G (1%) DERMAL CREAM			
657395	TROSYD	PFI	

SKIN AND MUCOUS MEMBRANE 84:00 PREPARATIONS

ANTI-INFECTIVES (PARASITICIDES) 84:04.12

BENZYL BENZOATE

25% TOPICAL CREAM

604437	SCABANCA	SAN

14% TOPICAL LOTION

604445	SCABANCA	SAN

CROTAMITON

10% TOPICAL CREAM

010375	EURAX	GEI

GAMMA-BENZENE HEXACHLORIDE

1% TOPICAL CREAM

026204	KWELLADA	RCA

• *1% TOPICAL LOTION*

363464	GBH	ROR
026212	KWELLADA	RCA

• *1% SHAMPOO*

351105	GBH	ROR
026220	KWELLADA	RCA

ANTI-INFECTIVES (OTHER) 84:04.16

HEXACHLOROPHENE

3% TOPICAL EMULSION

205389	PHISOHEX	WIN

METRONIDAZOLE

500MG VAGINAL TABLET

025887	FLAGYL	RPP

10% VAGINAL CREAM

024929	FLAGYL	RPP

CONTINUED

84:04.16 ANTI-INFECTIVES (OTHER)

CONTINUED

POVIDONE-IODINE

200MG VAGINAL SUPPOSITORY

026050	BETADINE	PFR

** 10% VAGINAL GEL*

026034	BETADINE	PFR
002720	BRIDINE	AHA
026611	PROVIODINE	ROG

10% VAGINAL SOLUTION

026093	BETADINE	PFR

GAUZE PAD

417416	BETADINE	PFR

SULFACETAMIDE (SODIUM)/COLLOIDAL SULPHUR

10%/5% TOPICAL LOTION

426407	SULFACET-R	ROR

SULFASALAZINE (SALICYLAZOSULFAPYRIDINE)

30MG/ML ENEMA

544442	SALAZOPYRIN	PHD

SULFANILAMIDE/AMINACRINE HCL/ALLANTOIN

1.05G/0.014G/0.14G VAGINAL SUPPOSITORIES

134139 T	AVC	DOW

15%/0.2%/2% VAGINAL CREAM

134120	AVC	DOW

TRIPLE SULFA

(N'BENZOYLSUFANILAMIDE/SULFATHIAZOLE/ SULFACETAMIDE/UREA)

3.7%/3.42%/2.86%/0.64% VAGINAL CREAM

153605	SULTRIN	ORT

84:06.00 ANTI-INFLAMMATORY

SEE INSERT THIS SECTION FOR TABLES SHOWING APPROXIMATE RELATIVE POTENCIES OF TOPICAL STEROID PREPARATIONS, RELATIVE RATES OF PENETRATION IN DIFFERENT ANATOMICAL SITES AND SUGGESTED GUIDELINES FOR TOPICAL STEROID THERAPY

CONTINUED

AMCINONIDE

0.1% TOPICAL CREAM

443824	CYCLOCORT	LED

0.1% TOPICAL OINTMENT

559237	CYCLOCORT	LED

0.1% TOPICAL LOTION

571016	CYCLOCORT	LED

BECLOMETHASONE DIPROPIONATE

0.025% TOPICAL CREAM

002712	PROPADERM	AHA

0.025% TOPICAL OINTMENT

003697	PROPADERM	AHA

0.025% TOPICAL LOTION

270466	PROPADERM	AHA

BETAMETHASONE BENZOATE

0.025% TOPICAL GEL

335347	BEBEN	PDA

BETAMETHASONE DIPROPIONATE

0.05% TOPICAL CREAM

323071	DIPROSONE	SCH

0.05% TOPICAL OINTMENT

344923	DIPROSONE	SCH

0.05% TOPICAL LOTION

417246	DIPROSONE	SCH

0.05% TOPICAL GLYCOL OINTMENT

PENETRATION OF ACTIVE DRUG THROUGH THE EPIDERMIS IS ENHANCED BY THE PROPYLENE GLYCOL BASE, RESULTING IN INCREASED POTENCY. BECAUSE OF THE DIFFERENCE IN POTENCY YET SIMILARITY OF BRAND NAMES (DIPROSONE–DIPROLENE) EXTRA CAUTION IS ADVISED.

629367	DIPROLENE	SCH

BETAMETHASONE DIPROPIONATE/ SALICYLIC ACID

0.05%/3% TOPICAL OINTMENT

578436	DIPROSALIC	SCH

0.05%/2% TOPICAL LOTION

578428	DIPROSALIC	SCH

CONTINUED

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY
CONTINUED

BETAMETHASONE DISODIUM PHOSPHATE

5MG/100ML ENEMA (100ML)

012181	BETNESOL ENEMA	GLA

BETAMETHASONE VALERATE

**0.05% TOPICAL CREAM*

458147	BETADERM	TAR
535427	ECTOSONE MILD	TCH
027898	CELESTODERM-V/2	SCH
011916	BETNOVATE-1/2	GLA

**0.1% TOPICAL CREAM*

458139	BETADERM	TAR
535435	ECTOSONE REGULAR	TCH
027901	CELESTODERM-V	SCH
011924	BETNOVATE	GLA

**0.05% TOPICAL OINTMENT*

509698	BETADERM	TAR
028355	CELESTODERM-V/2	SCH
012378	BETNOVATE-1/2	GLA

**0.1% TOPICAL OINTMENT*

509701	BETADERM	TAR
028363	CELESTODERM-V	SCH
012386	BETNOVATE	GLA

**0.05% TOPICAL LOTION*

653209	ECTOSONE MILD	TCH
011932	BETNOVATE	GLA

0.1% TOPICAL LOTION

750050	ECTOSONE	TCH
011940	BETNOVATE	GLA

**0.1% SCALP LOTION*

726486	BETAMETHASONE VALERATE	PHR
584800	BETADERM	TAR
653217	ECTOSONE	TCH
027944	VALISONE	SCH

CLOBETASOL PROPIONATE

0.05% TOPICAL CREAM

359718	DERMOVATE	GLA

0.05% TOPICAL OINTMENT

359726	DERMOVATE	GLA

0.05% SCALP APPLICATION

479012	DERMOVATE	GLA

CONTINUED

CLOBETASONE BUTYRATE

0.05% TOPICAL CREAM

456543	EUMOVATE	GLA

0.05% TOPICAL OINTMENT

456551	EUMOVATE	GLA

DESONIDE

0.05% TOPICAL CREAM

521248	TRIDESILON	MLE

0.05% TOPICAL OINTMENT

521264	TRIDESILON	MLE

DESOXIMETASONE

0.05% EMOLLIENT CREAM

486450	TOPICORT MILD	HOE

0.25% EMOLLIENT CREAM

420271	TOPICORT	HOE

DIFLORASONE DIACETATE

**0.05% TOPICAL CREAM*

530956	FLUTONE	ROR
481807	FLORONE	UPJ

**0.05% TOPICAL OINTMENT*

532630	FLUTONE	ROR
481793	FLORONE	UPJ

DIFLUCORTOLONE VALERATE

0.1% TOPICAL CREAM

587826	NERISONE	STI

0.1% TOPICAL OILY CREAM

587818	NERISONE	STI

0.1% TOPICAL OINTMENT

587834	NERISONE	STI

FLUMETHASONE PIVALATE

0.03% TOPICAL CREAM

005134	LOCACORTEN	CIB

0.03% TOPICAL OINTMENT

005789	LOCACORTEN	CIB

CONTINUED

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY

CONTINUED

FLUOCINOLONE ACETONIDE

*0.01% TOPICAL CREAM		
385239	FLUODERM	TAR
535338	FLUONIDE MILD	TCH
030414	SYNALAR MILD	SYP
*0.025% TOPICAL CREAM		
385220	FLUODERM	TAR
535281	FLUONIDE REGULAR	TCH
030422	SYNALAR REGULAR	SYP
*0.01% TOPICAL OINTMENT		
509647	FLUODERM	TAR
030392	SYNALAR MILD	SYP
*0.025% TOPICAL OINTMENT		
509655	FLUODERM	TAR
030406	SYNALAR REGULAR	SYP
0.01% TOPICAL SOLUTION		
030260	SYNALAR	SYP
0.01% IN EMOLLIENT BASE		
424927	SYNAMOL MILD	SYP
0.025% IN EMOLLIENT BASE		
424935	SYNAMOL REGULAR	SYP

FLUOCINONIDE

0.01% TOPICAL CREAM		
274453	LIDEX MILD	SYP
*0.05% TOPICAL CREAM		
589896	LYDERM	TAR
036099	LIDEX	SYP
0.05% TOPICAL GEL		
281913	TOPSYN	SYP
0.01% TOPICAL OINTMENT		
274445	LIDEX MILD	SYP
0.05% TOPICAL OINTMENT		
274437	LIDEX	SYP
0.05% IN EMOLLIENT BASE		
424943	LIDEMOL	SYP

FLUOCINONIDE/PROCINONIDE/IPROCINONIDE

0.00925%/0.00365%/0.00210% IN EMOLLIENT BASE		
552283	TRISYN	SYP

CONTINUED

FLURANDRENOLIDE

0.0125% TOPICAL CREAM		
015318	DRENISON-1/4	LIL
0.05% TOPICAL CREAM		
015326	DRENISON	LIL
0.0125% TOPICAL OINTMENT		
016004	DRENISON-1/4	LIL
0.05% TOPICAL OINTMENT		
016012	DRENISON	LIL

HALCINONIDE

0.025% TOPICAL CREAM		
404179	HALOG	SQU
0.1% TOPICAL CREAM		
326941	HALOG	SQU
0.1% TOPICAL OINTMENT		
403075	HALOG	SQU
0.1% TOPICAL SOLUTION		
404187	HALOG	SQU

HYDROCORTISONE

**0.5% TOPICAL CREAM*		
228079	HYDROCORTISONE CREAM	SDR
539538	HYDERM	TAR
303887	UNICORT	AHA
513288	CORTATE	SCH
**1% TOPICAL CREAM*		
228087	HYDROCORTISONE CREAM	SDR
458155	HYDERM	TAR
502200	CORTATE	SCH
192597	EMO-CORT	TCO
303895	UNICORT	AHA
2.5% TOPICAL CREAM		
595799	EMO-CORT	TCO
**0.5% TOPICAL OINTMENT*		
509620	CORTODERM	TAR
513261	CORTATE	SCH
**1% TOPICAL OINTMENT*		
509639	CORTODERM	TAR
502197	CORTATE	SCH
031054	CORTEF	UPJ

CONTINUED
HYDROCORTISONE

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 ANTI-INFLAMMATORY

CONTINUED

HYDROCORTISONE

0.5% TOPICAL LOTION

192589	EMO-CORT	TCD
513253	CORTATE	SCH

1% TOPICAL LOTION

192600	EMO-CORT	TCD

2.5% TOPICAL LOTION

595802	EMO-CORT	TCD

2.5% SCALP SOLUTION

641154	EMO-CORT	TCD

* *100MG/60ML ENEMA (60ML)*

661856	CORTENEMA	IFK
230316	HYCORT	ICN

HYDROCORTISONE ACETATE

10% RECTAL AEROSOL FOAM(20G)

579335	CORTIFOAM	RCA

HYDROCORTISONE ACETATE/UREA

* *1%/10% TOPICAL CREAM*

503134	UREMOL-HC	TCD
364134	CALMURID-HC	PHD

1%/10% TOPICAL LOTION

560022	UREMOL-HC	TCD

HYDROCORTISONE VALERATE

0.2% TOPICAL CREAM

423165	WESTCORT	WSD

0.2% TOPICAL OINTMENT

590800	WESTCORT	WSD

METHYLPREDNISOLONE

0.25% TOPICAL OINTMENT

031062	MEDROL	UPJ

CONTINUED

ANTI-INFLAMMATORY 84:06.00

CONTINUED

TRIAMCINOLONE ACETONIDE

**0.025% TOPICAL CREAM*

385182	TRIADERM	TAR
535249	TRIANIDE MILD	TCH
282448	ARISTOCORT D	LED

**0.1% TOPICAL CREAM*

385204	TRIADERM	TAR
014621	ARISTOCORT R	LED
535273	TRIANIDE REGULAR	TCH
029114	KENALOG	SQU

**0.025% TOPICAL OINTMENT*

509663	TRIADERM	TAR
282456	ARISTOCORT D	LED

**0.1% TOPICAL OINTMENT*

509671	TRIADERM	TAR
127914	ARISTOCORT R	LED
029572	KENALOG	SQU

0.147MG/G TOPICAL AEROSAL (PACKAGE)

502928	KENALOG SPRAY	SQU

TRIAMCINOLONE ACETONIDE 0.1% IN ORABASE

ORAL TOPICAL OINTMENT

029505	KENALOG-ORABASE	SQU

COMBINATION ANTI-INFECTIVE/ ANTI-INFLAMMATORY AGENTS 84:06.00

CHLORAMPHENICOL/HYDROCORTISONE ACETATE/ BUTOXETHYL NICOTINATE/ALLANTOIN/PRECIPITATED SULFUR

40MG/40MG/24MG/320MG PER G TOPICAL POWDER FOR SUSPENSION (2X5G)

429090	ACTINAC	ROU

NEOMYCIN SO4/GRAMICIDIN/NYSTATIN/FLUOCINONIDE

5MG/0.25MG/100,000U/0.5MG PER G TOPICAL CREAM

492442	LIDECOMB	SYP

CONTINUED

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:06.00 COMBINATION ANTI-INFECTIVE/ ANTI-INFLAMMATORY AGENTS CONTINUED

NEOMYCIN/GRAMICIDIN/NYSTATIN/ TRIAMCINOLONE ACETONIDE

2.5MG/0.25MG/100,000U/0.25MG PER G TOPICAL CREAM

184659	KENACOMB MILD	SQU

** 2.5MG/0.25MG/100,000U/1MG PER G TOPICAL CREAM*

382620	VIADERM-KC	TAR
245259	KENACOMB	SQU

2.5MG/0.25MG/100,000U/0.25MG PER G TOPICAL OINTMENT

184667	KENACOMB MILD	SQU

** 2.5MG/0.25MG/100,000U/1MG PER G TOPICAL OINTMENT*

433527	VIADERM-KC	TAR
245267	KENACOMB	SQU

POLYMYXIN B SO4/BACITRACIN (ZINC)/ NEOMYCIN SO4/HYDROCORTISONE

5000U/400U/5MG/10MG PER G TOPICAL OINTMENT

666246	CORTISPORIN	BWE

84:08.00 ANTIPRURITICS AND LOCAL ANAESTHETICS

PHENAZOPYRIDINE

** 100MG TABLET*

271489	PHENAZO	ICN	$ 0.1026 *
476714	PYRIDIUM	PDA	

** 200MG TABLET*

454583	PHENAZO	ICN	$ 0.1592 *
476722	PYRIDIUM	PDA	

84:12.00 ASTRINGENTS

ALUMINUM ACETATE/BENZETHONIUM CHLORIDE

0.35%/0.023% POWDER (2.36 G PACKAGE)

579947	BURO-SOL	TCD

CELL STIMULANTS AND PROLIFERANTS 84:16.00

TRETINOIN

**0.01% TOPICAL GEL*		
590797	VITAMIN A ACID	ROR
587958	STIE VAA	STI
0.025% TOPICAL CREAM		
578576	STIE VAA	STI
**0.025% TOPICAL GEL*		
673102	VITAMIN A ACID	ROR
587966	STIE VAA	STI
0.025% TOPICAL SOLUTION		
578568	STIE VAA	STI
**0.05% TOPICAL CREAM*		
493333	VITAMIN A ACID	ROR
518182	STIE VAA	STI
0.05% TOPICAL GEL		
419001	VITAMIN A ACID	ROR
0.05% TOPICAL SOLUTION		
518174	STIE VAA	STI

KERATOLYTIC AGENTS 84:28.00

BENZOYL PEROXIDE

10% BAR		
527661	PANOXYL	STI
**10% TOPICAL LOTION*		
370568	BENOXYL	STI
432938	OXYDERM	ICN
**20% TOPICAL LOTION*		
374318	OXYDERM	ICN
187585	BENOXYL	STI
➡10% WASH		
542040	DESQUAM X	WSD
502669	BENOXYL WASH	STI
➡10% TOPICAL GEL (ACETONE BASE)		
406848	ACETOXYL	STI
372706	DERMOXYL	ICN

CONTINUED
BENZOYL PEROXIDE

84:00 SKIN AND MUCOUS MEMBRANE PREPARATIONS

84:28.00 KERATOLYTIC AGENTS

CONTINUED

BENZOYL PEROXIDE

➡10% TOPICAL GEL (ALCOHOL BASE)

426288	BENZAGEL	ROR
263699	PANOXYL-10	STI

➡10% TOPICAL GEL (AQUEOUS BASE)

307572	DESQUAM X	WSD
621056	BENZAC-W	ALC
512621	H2OXYL	STI

15% TOPICAL GEL (ALCOHOL BASE)

403571	PANOXYL-15	STI

➡20% TOPICAL GEL (ACETONE BASE)

406856	ACETOXYL	STI
399116	DERMOXYL	ICN

20% TOPICAL GEL (ALCOHOL BASE)

373036	PANOXYL-20	STI

20% TOPICAL GEL (AQUEOUS BASE)

512648	H2OXYL	STI

BENZOYL PEROXIDE/SULFUR

10%/2.5% TOPICAL CREAM

035505	PERSOL	HOR

10%/5% TOPICAL CREAM

035513	PERSOL FORTE	HOR

DITHRANOL

0.1% TOPICAL CREAM

537594	ANTHRANOL	STI

0.2% TOPICAL CREAM

537608	ANTHRANOL	STI

0.4% TOPICAL CREAM

537616	ANTHRANOL	STI

1% TOPICAL OINTMENT

566756	ANTHRAFORTE-1	STI

2% TOPICAL OINTMENT

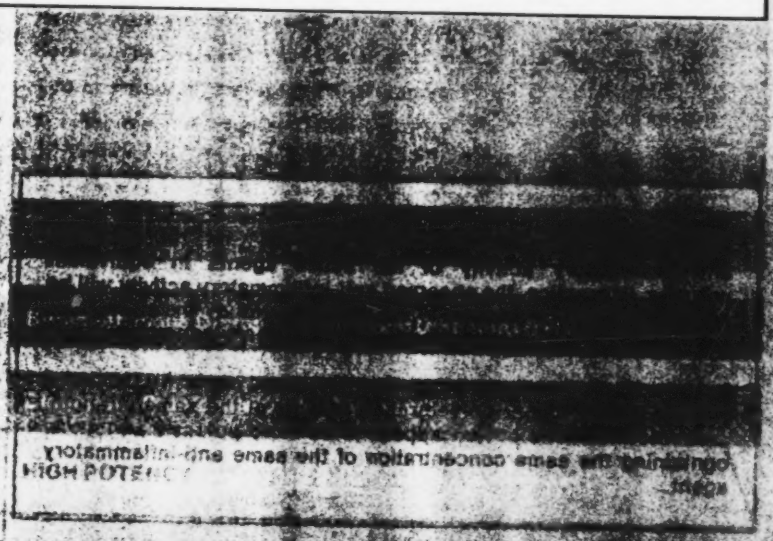
566748	ANTHRAFORTE-2	STI

3% TOPICAL OINTMENT

617164	ANTHRAFORTE-3	STI

GUIDELINES FOR TOPICAL STEROID THERAPY

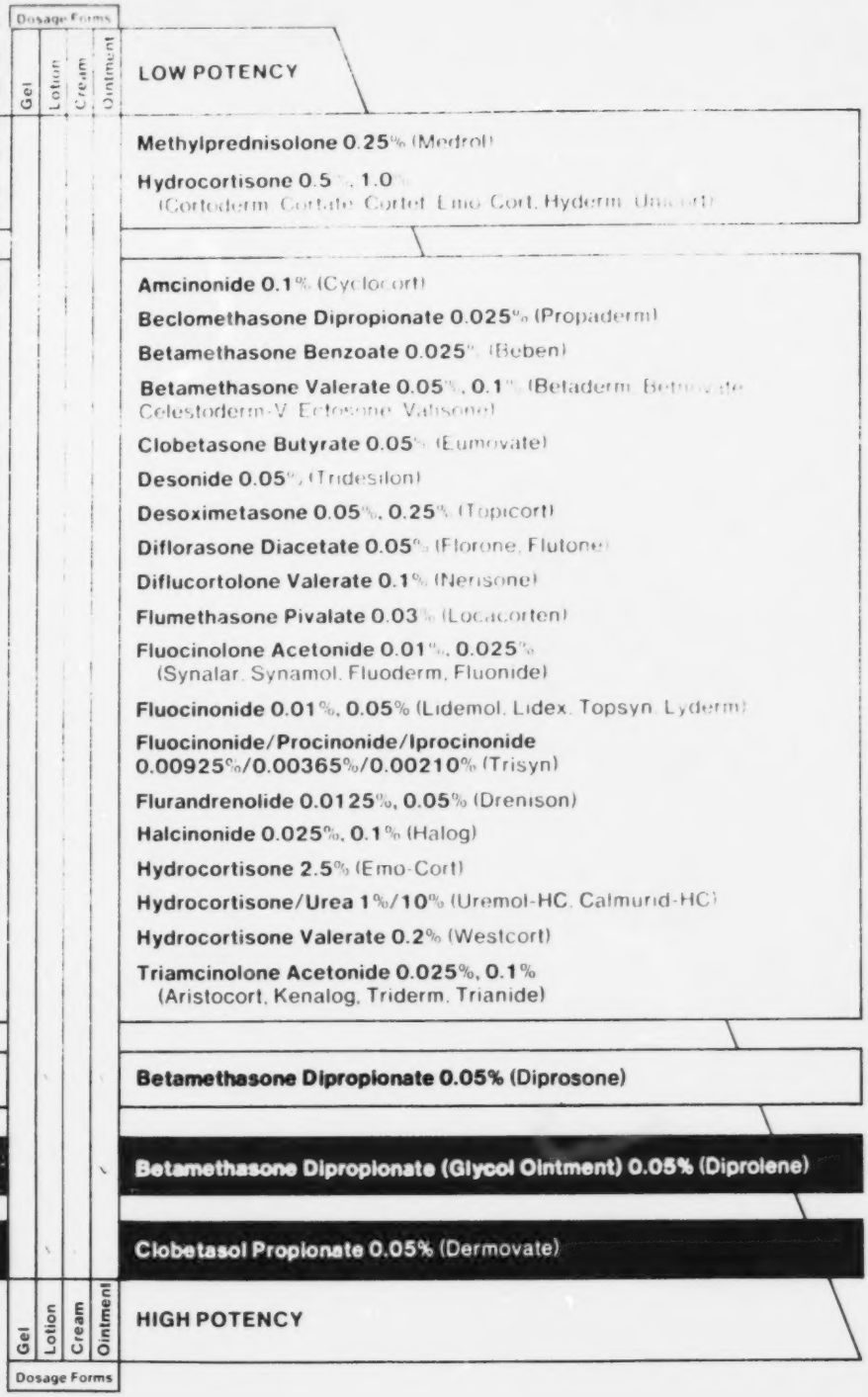
1. Apply an appropriately potent compound to bring the condition under control.
2. Continue treatment, with a less potent preparation after control is achieved.
3. Reduce the frequency of application.
4. If required, continue application with the weakest preparation that will control the condition.
5. Once healed, "tail off" treatment.
6. Use special care in treating children, the elderly, and in certain anatomical sites (e.g. face and flexures).
7. Use combination products (those containing anti-infective agents) only for short periods of time.



APPROXIMATE RELATIVE POTENCIES of TOPICAL STEROID PREPARATIONS

The classification of products in this table is based on a review of comparative studies in the literature. It reflects the anti-inflammatory activity of the active agents in equivalent vehicles. In practice, the observed anti-inflammatory activity will be significantly influenced by the vehicle used and by the strength of active ingredient included in the formulation.

In general, ointments, as a result of their more occlusive property, tend to exhibit higher potency than creams of the same strength, cream formulations in turn appear to be more potent than lotions containing the same concentration of the same anti-inflammatory agent.


Dosage Forms
Gel
Lotion
Cream
Ointment
LOW POTENCY
Methylprednisolone 0.25% (Medrol)
Hydrocortisone 0.5%, 1.0%
(Cortoderm, Cortate, Cortef, Emo-Cort, Hyderm, Unicort)
Amcinonide 0.1% (Cyclocort)
Beclomethasone Dipropionate 0.025% (Propaderm)
Betamethasone Benzoate 0.025% (Beben)
Betamethasone Valerate 0.05%, 0.1% (Betaderm, Betnovate,
Celestoderm-V, Ectosone, Valisone)
Clobetasone Butyrate 0.05% (Eumovate)
Desonide 0.05% (Tridesilon)
Desoximetasone 0.05%, 0.25% (Topicort)
Diflorasone Diacetate 0.05% (Florone, Flutone)
Diflucortolone Valerate 0.1% (Nerisone)
Flumethasone Pivalate 0.03% (Locacorten)
Fluocinolone Acetonide 0.01%, 0.025%
(Synalar, Synamol, Fluoderm, Fluonide)
Fluocinonide 0.01%, 0.05% (Lidemol, Lidex, Topsyn, Lyderm)
Fluocinonide/Procinonide/Iprocinonide
0.00925%/0.00365%/0.00210% (Trisyn)
Flurandrenolide 0.0125%, 0.05% (Drenison)
Halcinonide 0.025%, 0.1% (Halog)
Hydrocortisone 2.5% (Emo-Cort)
Hydrocortisone/Urea 1%/10% (Uremol-HC, Calmurid-HC)
Hydrocortisone Valerate 0.2% (Westcort)
Triamcinolone Acetonide 0.025%, 0.1%
(Aristocort, Kenalog, Triderm, Trianide)
Betamethasone Dipropionate 0.05% (Diprosone)
Betamethasone Dipropionate (Glycol Ointment) 0.05% (Diprolene)
Clobetasol Propionate 0.05% (Dermovate)
HIGH POTENCY
Gel
Lotion
Cream
Ointment
Dosage Forms

RELATIVE RATES OF PERCUTANEOUS PENETRATION IN DIFFERENT ANATOMICAL SITES

(Based on Hydrocortisone/Forearm = 1)

SITE	RELATIVE PENETRATION
Foot (Plantar)	0.14
Palm	0.83
Forearm	1.0
Back	1.7
Scalp	3.5
Forehead	6.0
Jaw angle/cheeks	13.0
Scrotum	42.0

Arndt, K. A., Manual of Dermatological Therapeutics, 2nd Edition, p. 293

GUIDE TO TOPICAL QUANTITIES IN DERMATOLOGY

Amount used three times daily for one week, average adult

SITE	% BODY SURFACE	VANISHING CREAM	GREASE BASE	SHAKE LOTION	THIN (NON SHAKE) LOTION	PROPYLENE GLYCOL
ONE WHOLE HAND or FOOT	2%	7.5 g	10 g	20 mL	5 mL	15 mL
ONE WHOLE ARM	9%	30 g	45 g	90 mL	24 mL	60 mL
TRUNK	36%	120 g	180 g	360 mL	90 mL	240 mL
GENITAL AREA	1%	7.5 g	5 g	NOT USED HERE	5 mL	7.5 mL
ONE TOTAL LEG	18%	60 g	90 g	180 mL	45 mL	120 mL
TOTAL FACE	4½%	15 g	20 g	40 mL	10 mL	30 mL
BODY	100%	375 g	500 g	1000 mL	240 mL	750 mL

SKIN AND MUCOUS MEMBRANE 84:00 PREPARATIONS

MISCELLANEOUS AGENTS 84:36.00

AMETHOPTERIN

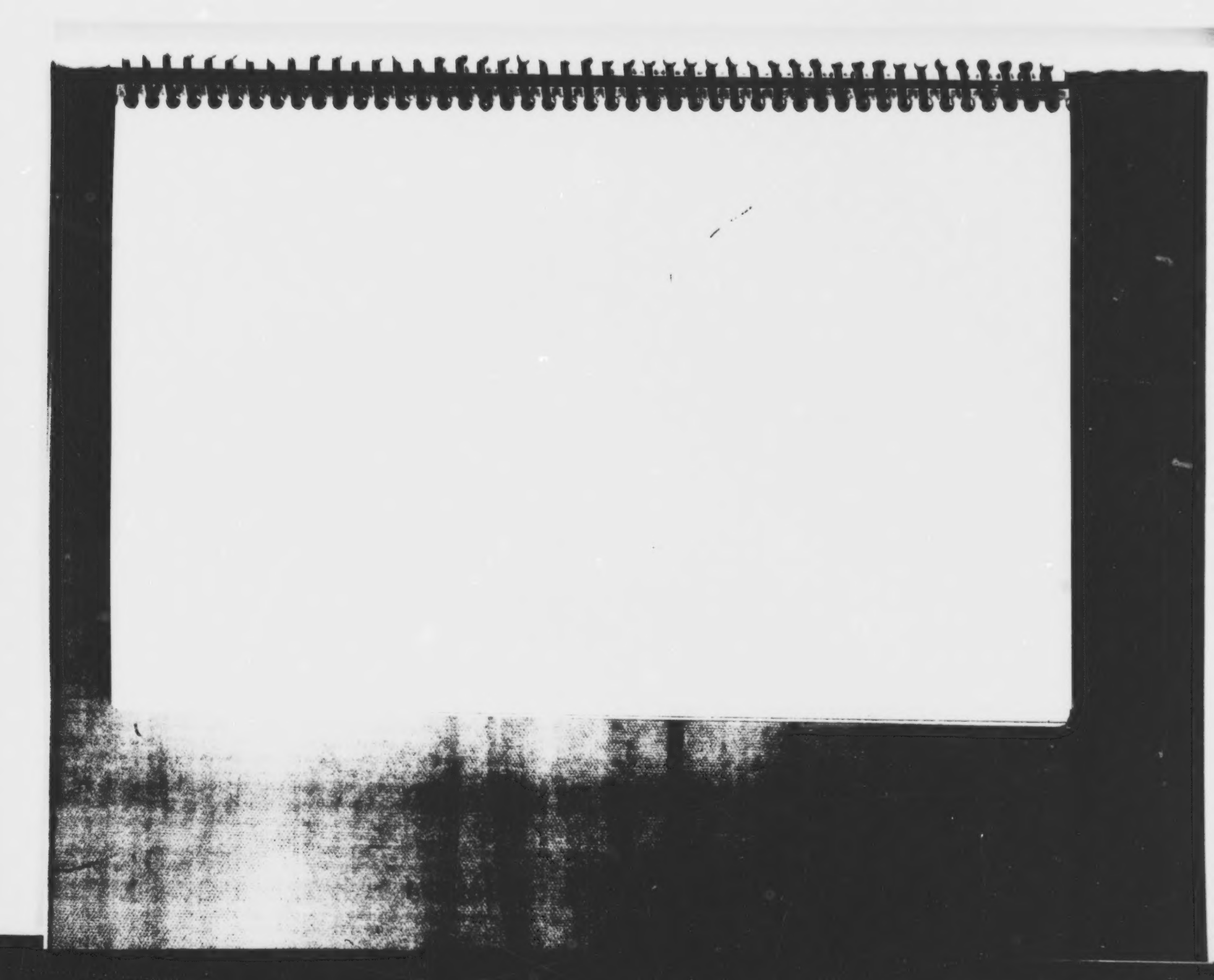
2.5MG TABLET

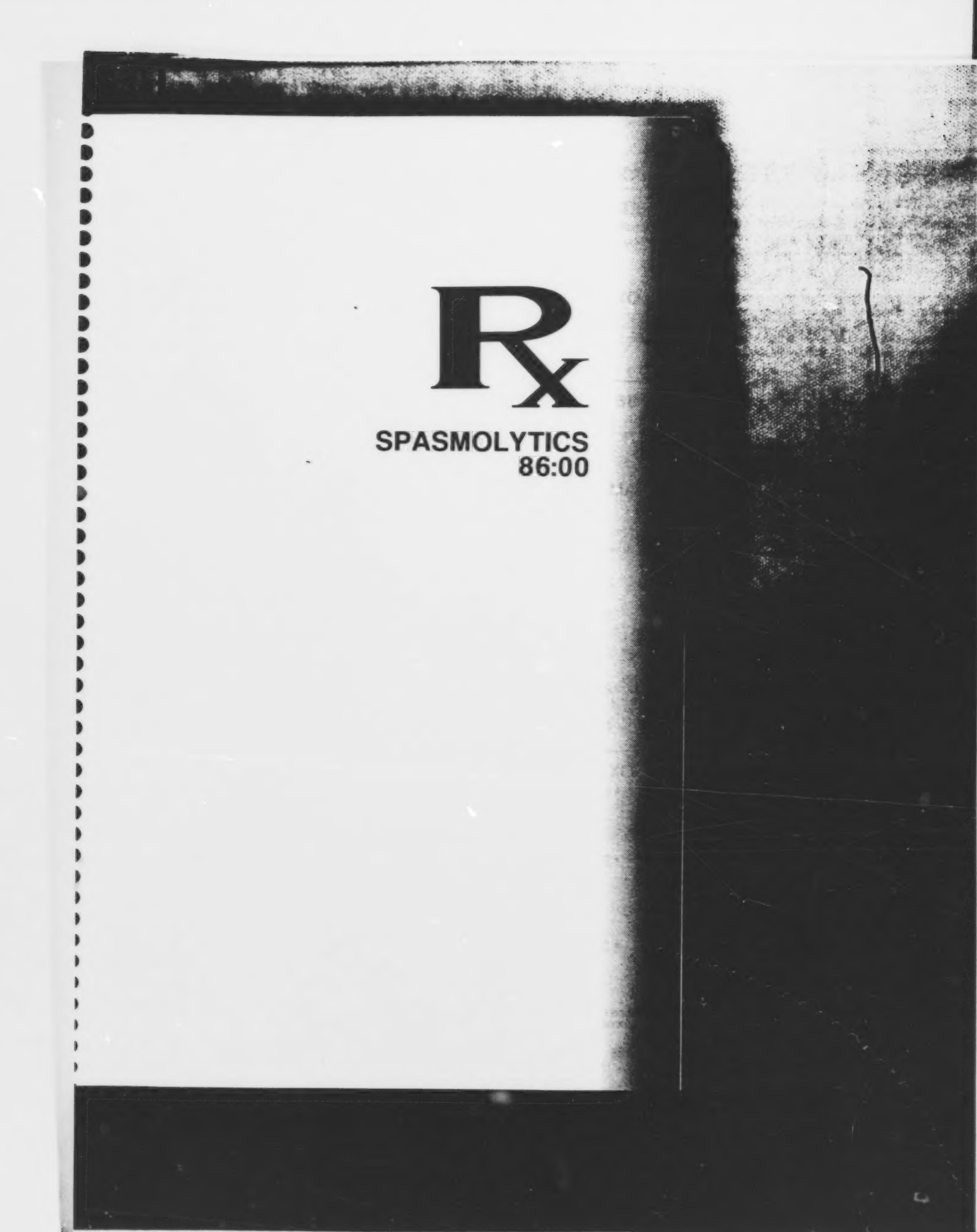
014915	METHOTREXATE	LED

FLUOROURACIL

5% TOPICAL CREAM

330582	EFUDEX	HLR




Rx
SPASMOLYTICS
86:00

86:00 SPASMOLYTICS

86:14.00 GENITOURINARY SMOOTH MUSCLE RELAXANTS

OXYBUTYNIN CHLORIDE

5MG TABLET

530921	DITROPAN	NOW	

1MG/ML SYRUP

548332	DITROPAN	NOW	

86:16.00 RESPIRATORY SMOOTH MUSCLE RELAXANTS

AMINOPHYLLINE

100MG TABLET

014923	AMINOPHYLLINE	LED	

200MG TABLET

014931	AMINOPHYLLINE	LED	

225MG SUSTAINED RELEASE TABLET

491179	PHYLLOCONTIN	PFR	

350MG SUSTAINED RELEASE TABLET

593230	PHYLLOCONTIN-350	PFR	

21MG/ML ORAL LIQUID

379603	PALARON	FIS	$ 0.0348 *

250MG SUPPOSITORY

451665	COROPHYLLIN	BEE	

500MG SUPPOSITORY

451673	COROPHYLLIN	BEE	

OXTRIPHYLLINE

** 100MG TABLET*

441724	APO-OXTRIPHYLLINE	APX	$ 0.0200 *
458708	NOVOTRIPHYL	NOP	
476404	CHOLEDYL	PDA	

** 200MG TABLET*

441732	APO-OXTRIPHYLLINE	APX	$ 0.0261 *
458716	NOVOTRIPHYL	NOP	
476412	CHOLEDYL	PDA	
346071	ROUPHYLLINE	ROG	

** 300MG TABLET*

511692	APO-OXTRIPHYLLINE	APX	$ 0.0506 *
565377	NOVOTRIPHYL	NOP	
483591	CHOLEDYL	PDA	

CONTINUED
OXTRIPHYLLINE

400MG SUSTAINED RELEASE TABLET			
503436	CHOLEDYL-SA	PDA	
600MG SUSTAINED RELEASE TABLET			
536709	CHOLEDYL-SA	PDA	
10MG/ML SYRUP			
405310	ROUPHYLLINE	ROG	$ 0.0106 *
476390	CHOLEDYL	PDA	
20MG/ML ELIXIR			
476366	CHOLEDYL	PDA	

THEOPHYLLINE (ANHYDROUS)

100MG CAPSULE			
442275	SOMOPHYLLIN-T	FIS	
200MG CAPSULE			
442283	SOMOPHYLLIN-T	FIS	
704482	ELIXOPHYLLIN	BEX	
250MG CAPSULE			
442291	SOMOPHYLLIN-T	FIS	
50MG SUSTAINED RELEASE CAPSULE			
551422	SOMOPHYLLIN-12	FIS	
75MG SUSTAINED RELEASE CAPSULE			
692751	SOMOPHYLLIN-12	FIS	
100MG SUSTAINED RELEASE CAPSULE			
551430	SOMOPHYLLIN-12	FIS	
200MG SUSTAINED RELEASE CAPSULE			
609013	SOMOPHYLLIN-12	FIS	
250MG SUSTAINED RELEASE CAPSULE			
551414	SOMOPHYLLIN-12	FIS	
300MG SUSTAINED RELEASE CAPSULE			
609021	SOMOPHYLLIN-12	FIS	
350MG SUSTAINED RELEASE CAPSULE			
692778	SOMOPHYLLIN-12	FIS	
➡*100MG SUSTAINED RELEASE TABLET*			
631698	THEOCHRON	KGW	
704016	THEO-SR	RPP	
460982	THEO-DUR	AST	
➡*200MG SUSTAINED RELEASE TABLET*			
631701	THEOCHRON	KGW	
704024	THEO-SR	RPP	
460990	THEO-DUR	AST	

CONTINUED
THEOPHYLLINE (ANHYDROUS)

THEOPHYLLINE (ANHYDROUS)

250MG SUSTAINED RELEASE TABLET			
461695	THEOLAIR-SR	RIK	
■*300MG SUSTAINED RELEASE TABLET*			
599905	THEOCHRON	KGW	
545732	THEOLAIR-SR	RIK	
556742	QUIBRON-T/SR	BRI	
704032	THEO-SR	RPP	
461008	THEO-DUR	AST	
400MG SUSTAINED RELEASE TABLET			
738875	UNIPHYL	PFR	
500MG SUSTAINED RELEASE TABLET			
502014	THEOLAIR-SR	RIK	
600MG SUSTAINED RELEASE TABLET			
738883	UNIPHYL	PFR	
• *5.33MG/ML ELIXIR*			
532223	THEOPHYLLINE	TCH	$ 0.0040 •
575151	PMS-THEOPHYLLINE	PMS	
704466	ELIXOPHYLLIN	BEX	
5.33MG/ML SOLUTION			
461709	THEOLAIR LIQUID	RIK	
10MG/ML SOLUTION			
547115	QUIBRON-T-LIQUID	BRI	

THEOPHYLLINE CALCIUM AMINOACETATE

325MG TABLET			
263761	ACET-AM	ORG	

VITAMINS
88:00

88:00 VITAMINS

88:04.00 VITAMIN A

VITAMIN A IS TOXIC IN EXCESSIVE DOSES.

VITAMIN A

**25,000IU CAPSULE*

179337	VITAMIN A	SDR
021067	VITAMIN A	NOP

**50,000IU CAPSULE*

179345	VITAMIN A	SDR
021075	VITAMIN A	NOP

VITAMIN A (WATER SOLUBLE)

25,000IU CAPSULE

723460	AQUASOL A	ROR

50,000IU CAPSULE

723452	AQUASOL A	ROR

88:08.00 VITAMINS B

CYANOCOBALAMIN

0.1MG/ML INJECTION SOLUTION (10ML)

029157	RUBRAMIN	SQU

**1MG/ML INJECTION SOLUTION (10ML)*

211125	CYANOCOBALAMIN	TAR
314277	VITAMIN B12	NRD
002909	ANACOBIN	AHA
029165	RUBRAMIN	SQU

FOLIC ACID

**5MG TABLET*

426849	APO-FOLIC	APX	$ 0.0088 *
179493	FOLIC ACID	SDR	
021466	NOVOFOLACID	NOP	
498777	FOLIC ACID	LEA	
284149	FOLIC ACID	ICN	
014966	FOLVITE	LED	

CONTINUED

NIACIN

• 50MG TABLET

268593	NIACIN	ICN	$ 0.0119 •
274496	NOVONIACIN	NOP	
041084	NIACIN	LEA	
015768	NIACIN	LIL	

• 100MG TABLET

268585	NIACIN	ICN	$ 0.0175 •
179450	NIACIN	SDR	
232459	NIACIN	LEA	
015776	NIACIN	LIL	

PYRIDOXINE HCL

• 25MG TABLET

232475	PYRIDOXINE HCL	LEA	$ 0.0119 •
179485	PYRIDOXINE	SDR	
268607	VITAMIN B6	ICN	
015865	HEXA-BETALIN	LIL	

RIBOFLAVIN

5MG TABLET

179434	RIBOFLAVIN	SDR	

THIAMINE HCL

• 50MG TABLET

268631	VITAMIN B1	ICN	$ 0.0168 •
610267	THIAMINE HCL	LEA	
179418	THIAMINE HCL	SDR	
023922	THIAMINE	PDA	

100MG/ML INJECTION SOLUTION (10ML)

033421	BETAXIN	WIN	

VITAMIN D 88:16.00

VITAMIN D IS TOXIC IN EXCESSIVE DOSES.

VITAMIN D

50,000IU CAPSULE

009830	OSTOFORTE	FRS	

CONTINUED

88:00 VITAMINS

88:16.00 VITAMIN D

CONTINUED

CALCIFEROL

10,000IU/ML ORAL SOLUTION

033545	DRISDOL	WIN

88:24.00 VITAMIN K

MENADIOL SODIUM PHOSPHATE

5MG TABLET

013374	SYNKAVITE	HLR

UNCLASSIFIED THERAPEUTIC AGENTS 92:00

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

ALLOPURINOL

** 100MG TABLET*			
402818	APO-ALLOPURINOL	APX	$ 0.0145 *
364282	NOVOPUROL	NOP	
415731	PURINOL	HOR	
449687	ALLOPRIN	ICN	
004588	ZYLOPRIM	BWE	
** 200MG TABLET*			
479799	APO-ALLOPURINOL	APX	$ 0.0245 *
565342	NOVOPUROL	NOP	
415758	PURINOL	HOR	
506370	ZYLOPRIM	BWE	
514209	ALLOPRIN	ICN	
** 300MG TABLET*			
402796	APO-ALLOPURINOL	APX	$ 0.0322 *
363693	NOVOPUROL	NOP	
415766	PURINOL	HOR	
454354	ALLOPRIN	ICN	
294322	ZYLOPRIM	BWE	

AMANTADINE

100MG CAPSULE			
589012	SYMMETREL	DUP	
10MG/ML SYRUP			
589004	SYMMETREL	DUP	

ANETHOLTRITHEON

25MG TABLET			
461822	SIALOR	HCI	

AZATHIOPRINE

50MG TABLET			
004596	IMURAN	BWE	$ 0.7504 *

BROMOCRIPTINE MESYLATE

5MG CAPSULE			
568643	PARLODEL	SAN	
2.5MG TABLET			
371033	PARLODEL	SAN	

CALCIUM CARBIMIDE

50MG TABLET			
014958	TEMPOSIL	LED	

CONTINUED

CLOMIPHENE CITRATE

50MG TABLET

640158	SEROPHENE	PMS
018031	CLOMID	MER

COLCHICINE

0.6MG TABLET

604666	COLCHICINE	SAN
000396	COLCHICINE	ABB

DISULFIRAM

250MG TABLET

002534	ANTABUSE	AYE

500MG TABLET

002542	ANTABUSE	AYE

DOMPERIDONE

10MG TABLET

642851	MOTILIUM	JAN

GLUCAGON

1MG INJECTION POWDER

015377	GLUCAGON	LIL

LEVODOPA

250MG TABLET

013331	LARODOPA	HLR

500MG TABLET

013358	LARODOPA	HLR

LEVODOPA/BENZERAZIDE

50MG/12.5MG CAPSULE

522597	PROLOPA	HLR

100MG/25MG CAPSULE

386464	PROLOPA	HLR

200MG/50MG CAPSULE

386472	PROLOPA	HLR

CONTINUED

92:00 UNCLASSIFIED THERAPEUTIC AGENTS

92:00.00 UNCLASSIFIED THERAPEUTIC AGENTS

CONTINUED

LEVODOPA/CARBIDOPA

100MG/10MG TABLET			
355658	SINEMET	MSD	
100MG/25MG TABLET			
513997	SINEMET	MSD	
250MG/25MG TABLET			
328219	SINEMET	MSD	

METOCLOPRAMIDE HCL

* *10MG TABLET*			
386014	REGLAN	ROB	$ 0.0227 *
603775	EMEX	BEE	
314722	MAXERAN	NRD	
* *1MG/ML ORAL SOLUTION*			
386022	REGLAN	ROB	
314714	MAXERAN	NRD	

SODIUM CROMOGLYCATE

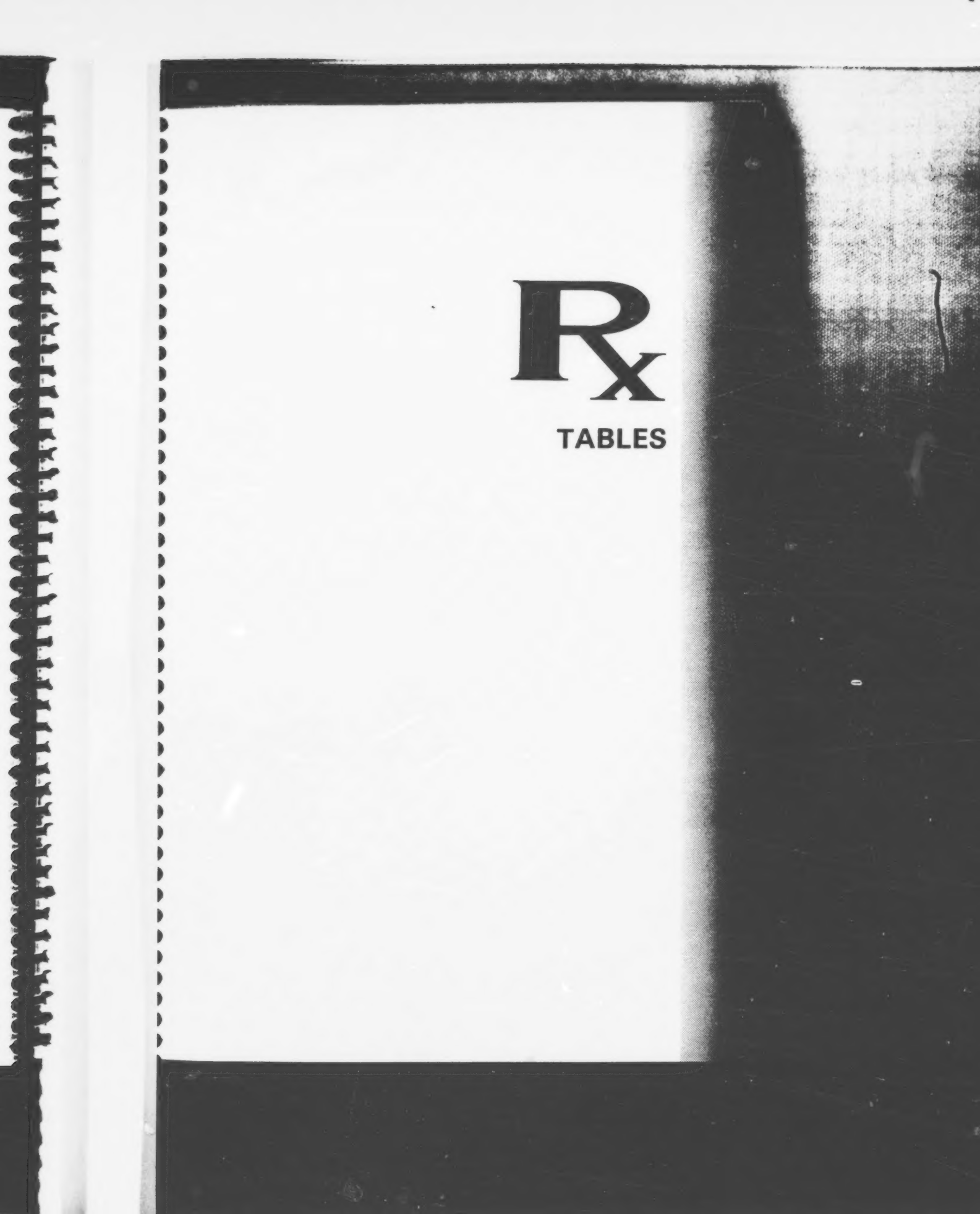
20MG/CAPSULE AEROSOL POWDER			
261238	INTAL SPINCAPS	FIS	
10MG/ML INHALATION SOLUTION (2ML)			
534609	INTAL NEBULIZER SOLUTION	FIS	
1MG/DOSE PRESSURIZED AEROSOL (PACKAGE)			
555649	FIVENT	FIS	
1MG/DOSE PRESSURIZED AEROSOL WITH SPECIAL MOUTH PIECE (PACKAGE)			
638641	FIVENT SYNCRONER	FIS	

SODIUM FLUORIDE

20MG TABLET			
496413 T	FLUOTIC	NRD	

TRIMEPRAZINE TARTRATE

2.5MG TABLET			
025771	PANECTYL	RPP	
5MG TABLET			
025798	PANECTYL	RPP	
0.5MG/ML ORAL LIQUID			
025240 TP	PANECTYL	RPP	


Rx
TABLES

CONVERSION TABLES

Conversion Tables from
the Avoirdupois to the Metric System

WEIGHT

1/6	gr	= 10.8 mg
1/4	gr	= 16.3 mg
1/2	gr	= 32.5 mg
3/4	gr	= 48.8 mg
1	gr	= 65.0 mg
1 1/2	gr	= 97.5 mg
3	gr	= 195.0 mg
5	gr	= 325.0 mg
7 1/2	gr	= 487.5 mg
10	gr	= 650.0 mg
1/8	oz	= 3.6 g
1/4	oz	= 7.1 g
1/2	oz	= 14.2 g
1	oz	= 28.4 g
2	oz	= 56.8 g
4	oz	= 113.6 g
8	oz	= 227.2 g
16	oz	= 454.4 g
32	oz	= 908.8 g
64	oz	= 1817.6 g

LIQUID MEASURE

1/4	oz	= 7.1 mL
1/2	oz	= 14.2 mL
1	oz	= 28.4 mL
2	oz	= 56.8 mL
3	oz	= 85.2 mL
4	oz	= 113.6 mL
5	oz	= 142.0 mL
6	oz	= 170.4 mL
8	oz	= 227.2 mL
10	oz	= 284.0 mL
12	oz	= 340.8 mL
16	oz	= 454.4 mL
20	oz	= 568 mL
32	oz	= 908.8 mL
40	oz	= 1136.0 mL
80	oz	= 2272.0 mL

GUIDE TO TOPICAL QUANTITIES IN DERMATOLOGY

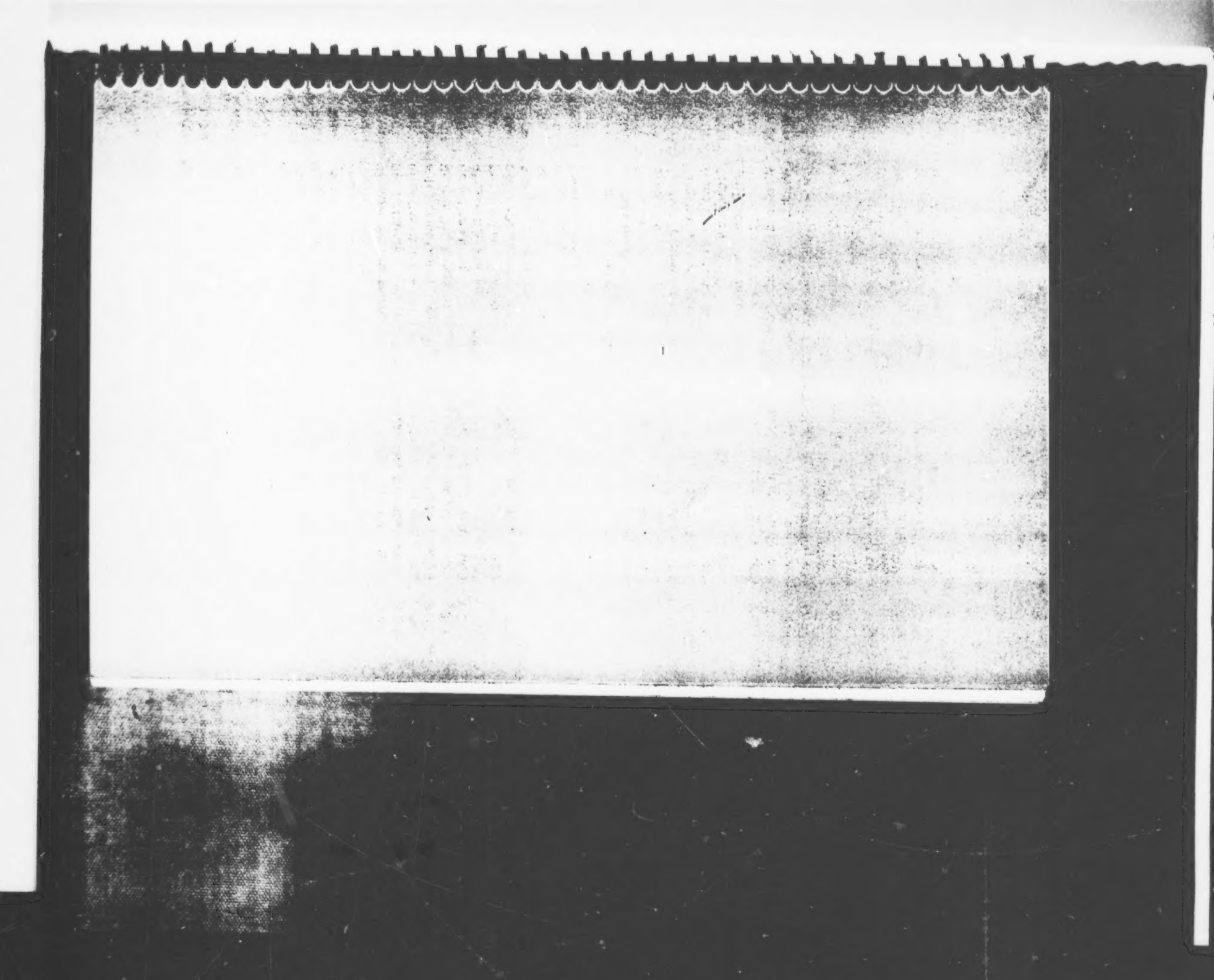
Amount used three times daily for one week, average adult

SITE	% BODY SURFACE	VANISHING CREAM	GREASE BASE	SHAKE LOTION	THIN (NON SHAKE) LOTION	PROPYLENE GLYCOL
ONE WHOLE HAND or FOOT	2%	7.5 g	10 g	20 mL	5 mL	15 mL
ONE WHOLE ARM	9%	30 g	45 g	90 mL	24 mL	60 mL
TRUNK	36%	120 g	180 g	360 mL	90 mL	240 mL
GENITAL AREA	1%	7.5 g	5 g	NOT USED HERE	5 mL	7.5 mL
ONE TOTAL LEG	18%	60 g	90 g	180 mL	45 mL	120 mL
TOTAL FACE	4½%	15 g	20 g	40 mL	10 mL	30 mL
BODY	100%	375 g	500 g	1000 mL	240 mL	750 mL

ABBREVIATION OF MANUFACTURERS' NAMES

ABB	Abbott Laboratories Ltd.
AHA	Allen and Hanburys Ltd.
AKN	Akorn Pharmaceuticals Canada Inc.
ALC	Alcon Canada Inc.
ALL	Allergan Inc.
AME	Ames Division, Miles Laboratories Ltd.
APX	Apotex Inc.
AST	Astra Pharmaceuticals Canada Ltd.
AYE	Ayerst Laboratories, Division of Ayerst McKenna & Harrison Ltd.
BEE	Beecham Laboratories Inc.
BEX	Berlex Canada Inc.
BMC	Boehringer Mannheim
BOE	Boehringer Ingelheim (Canada) Ltd.
BRI	Bristol Laboratories of Canada
BWE	Burroughs Wellcome Inc
CIB	Ciba Pharmaceutical, Division of Ciba-Geigy Canada Ltd.
DOW	Dow Pharmaceuticals
DPA	Dispersa Inc.
DUP	Du Pont Pharmaceuticals, Du Pont Canada Ltd.
FIS	Fisons Corporation Ltd.
FLI	Flint Laboratories (Canada) Ltd.
FRS	Frosst, Division of Merck Frosst Canada Inc.
GEI	Geigy Pharmaceuticals, Division of Ciba-Geigy Canada Ltd.
GLA	Glaxo Laboratories
HCI	Herdt & Charton Inc.
HLR	Hoffman-LaRoche Ltd.
HOE	Hoechst Canada Inc.
HOR	Frank W. Horner Inc.
ICI	ICI Pharma
ICN	ICN Canada Ltd.
IFK	Interfalk Canada Inc.
IOL	Iolab Canada Inc.
JAN	Janssen Pharmaceutica Inc.
JOU	Jouveinal Laboratories Inc.
KGW	Kingswood Canada Inc.
KNO	Knoll Pharmaceuticals Canada Inc.
KNR	Kenral Inc.
LEA	Lee-Adams Laboratories, Division of Pharmascience Inc.
LED	Lederle Products Department, Cyanamid of Canada Ltd.
LEO	Leo Laboratories Canada Ltd.
LIL	Eli Lilly Co (Canada) Ltd.
LSN	Lifescan Medical Products Ltd.
MCN	McNeil Pharmaceutical (Canada) Ltd.
MER	Merrell Pharmaceuticals Inc.
MLE	Miles Pharmaceuticals Division of Miles Laboratories Ltd.
MSD	Merck Sharp & Dohme Canada Ltd., Division of Merck Frosst Canada Inc
NDA	Nadeau Laboratory Ltd., Division of Rougier Desbergers
NOO	Connaught Novo Ltd.

NOP	Novopharm Ltd.
NOW	Norwich-Eaton, Division of Norwich-Eaton Pharmaceuticals Inc.
NRD	Nordic Laboratories Inc.
ORG	Organon Canada Ltd.
ORT	Ortho Pharmaceutical (Canada) Ltd.
PDA	Parke, Davis Canada Inc.
PFI	Pfizer Canada Inc.
PFR	Purdue Frederick Inc.
PHD	Pharmacia (Canada) Inc.
PHR	Pharmaco Canada Inc.
PMS	Pharmascience Inc.
PWC	Pennwalt Inc. Pharmaceutical Div.
RCA	Reed & Carnrick, Division of Block Drug Company (Canada) Ltd.
RIK	Riker Canada Inc. — 3M
ROB	A. H. Robins Canada Ltd.
ROG	Rougier Desbergers Inc.
ROR	Rorer Canada Inc.
ROU	Roussel (Canada) Inc.
RPP	Rhone Poulenc Pharma Inc.
SAN	Sandoz Pharmaceuticals Division of Sandoz (Canada) Ltd.
SCH	Schering Canada Inc.
SDR	Stanley Drug Products Ltd.
SEA	G. D. Searle & Company of Canada Ltd.
SEV	Servier Canada Inc.
SIL	Sabex International (1980) Ltd.
SKF	Smith Kline & French Canada Ltd.
SQU	Squibb Canada Inc.
STI	Stiefel Canada Inc.
SYN	Syntex Inc.
SYP	Syncare Pharmaceuticals Inc.
TAR	Taro Pharmaceuticals Inc.
TCD	Trans-Canaderm Inc.
TCH	Technilab Inc.
UPJ	The Upjohn Company of Canada
WIN	Winthrop Laboratories
WSD	Westwood Pharmaceuticals
WYE	Wyeth Ltd.



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